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## EDITORIAL COMMENT

### THE PRIVATE NURSE AS A PUBLIC SERVANT

Whenever there is any sort of festivity in a city, at the time of great conventions and expositions, during the holidays, on Fourth of July, etc., we find nurses employed in institutions at their posts, ready to meet any unusual demands that may be made upon the hospital in its service to the public. At such times, the officers, especially those permanently employed, frequently work long hours uncomplainingly, but the experience of those in charge of nurses' registries is this, that at such times as we have mentioned the private duty nurse withdraws her name from the waiting list to become a participant in holiday pleasures or sight-seeing, instead of remaining on call, as we believe she should, to meet such demands as may arise for her professional service.

In every section of the country there is a healthy season when work in hospitals and for physicians and nurses is exceedingly slack. It would seem only reasonable that private duty nurses, recognizing this season, as they must after very limited experience, should take their vacations at that time of year and be at their posts again when the heavy season opens. But we find, year after year, the same groups of women sitting idle at home during the slack time, complaining to physicians and to registrars of their lack of work and then, when sickness increases, as it so frequently does with the change of season at holiday time, refusing to respond to calls or choosing this time for visits to their homes. Of course those nurses who are so popular that they are always in demand feel that they can afford to do this. Others who are not so successful do it to their own loss and then criticize the directories if they are not supplied with work at the moment of their return. In the meantime, the directories, which are maintained for the convenience of the public as well as for the nurse, has passed through a season of

extreme embarrassment in not being able to supply the needs of the sick for nursing care.

We believe that nurses everywhere, whether successful or otherwise, because of the nature of their occupation, have a responsibility to the public and should be at their posts of duty, whether in an institution or the private field, at those seasons when the demand for their services is greatest and we believe that at holiday time they should arrange among themselves and with their registrars for a reasonable number to remain subject to call. We do not find physicians or clergymen leaving their posts of duty without providing some one to fill their places during their absence and we believe that nurses have a responsibility to the public as great as theirs.

We have great sympathy with private nurses. We know from actual experience how trying are the irregularities of their life and how strenuously they sometimes work with seemingly little appreciation, but we believe that they are public servants and that their sense of responsibility as such needs to be stimulated while in the hospital and later through association life. It is only nurses themselves, working through their organization and registries, who can develop and uphold these standards.

#### FRAUDULENT AGENTS

We have repeatedly requested nurses when subscribing to the JOURNAL or renewing subscriptions to send their money directly to the Rochester office. We have stated many times that there are no special terms which are authorized to be made by anyone other than those representing the Rochester office. There are no authorized combinations with popular magazines and, since the withdrawal of the states of Washington and Oregon from affiliations with the *Pacific Coast Journal*, there is now only one combination with a nursing magazine, that with the *Public Health Nurse Quarterly*. From time to time we have heard, in the past, of nurses entrusting their money to agents who have failed to submit it to the JOURNAL, but recently complaints have been so numerous that we have come to recognize a deliberate plan on the part of some one to defraud our nurses of their money. From facts that we have gathered, a young man calling himself a student has gained permission to solicit for the JOURNAL in hospitals. Naturally, with such an introduction, pupils and graduates have unhesitatingly placed their subscriptions with him, accepting in return a printed receipt of a magazine agency in Milwaukee. These printed forms, we learn, were stolen from a representative of that company. The subscriptions so obtained are never turned in and the

transaction is a complete loss to the nurse. In one single hospital we know of his having taken away \$30 and this same person has operated in the far West, in Detroit, Oswego, Syracuse and New York City.

There are a number of large, well-known magazine agencies, such as the Franklin Square, Crowley's, etc., which may be trusted to transmit subscriptions placed with them, but we recognize no solicitors other than trained nurses who have been officially appointed by us to do this work in certain localities and who are always women well known in their communities. We make our JOURNAL headquarters with the registrars of central directories as far as we are able.

We believe that a journal of this kind, which is the official organ of so many nursing organizations and which represents the nursing interests of so large a section of the country, should be handled by nurses, as far as possible, and that such commissions as are allowed should be for the benefit of nurses.

The quickest and most reliable way to subscribe for the JOURNAL is to send the money (\$2.00), in whatever form is most convenient, directly to the subscription office at Rochester. Acknowledgment of its receipt is made within twenty-four hours and delay in receiving a proper acknowledgment or in receiving the JOURNAL should be reported immediately.

#### CLARA BARTON

There will be found in the department of Book Reviews, in this issue of the JOURNAL, a notice of the new life of Clara Barton which has recently been published. The book is of good size, not too voluminous for comfortable perusal, and makes most fascinating reading. It is a book which should be added to all training school libraries, for though Clara Barton was not a graduate nurse and received only such training as came to her through her actual experiences on the field of battle, she did a wonderful work for humanity, both in our own Civil War and during the Franco-Prussian war abroad, and she unquestionably laid the foundations of Red Cross work in this country. The book is timely and much needed, aside from its human interest, because many people have been in doubt as to the place which should be accorded to Clara Barton in the work of the world, whether she should be regarded as a saint and heroine, equal to Florence Nightingale in her devotion to duty and to the relief of suffering, or whether she should be looked upon as a person of warm heart and great zeal, whose use of public funds was questionable and who was in no sense a leader. There has been till now no authoritative answer to these questions.

The reader of Mr. Epler's biography will gain a clear, well-balanced idea of the woman and her work and will probably reach the conclusion,

with us, that Clara Barton was neither a misjudged saint nor an over-estimated zealot. She was a great woman, with a great mind, filled with devotion to suffering humanity. Her army nursing was done before the days of asepsis, and according to modern standards she was probably as well qualified to dress wounds as were many of the surgeons under whom she worked. Her greatest work was done before the days of trained nursing and before organization methods had been so universally adopted in every branch and department of philanthropy. It is clearly brought out by her biographer that she was an individualist, that she did not appreciate the necessity for the reorganization of the Red Cross with its board of control and multiplicity of committees and for that reason declined to allow her name to stand as honorary president of the organization, which gave rise to much hard feeling on the part of her friends and led to misunderstanding on the part of those who had been associated with her in Red Cross work.

Personal devotion is always of priceless value, but in this age that alone cannot go far in solving problems of vast scope. Clara Barton belongs with the path-finders of humanity, those who clear the way for others to follow, whose work is set aside that a greater may take its place, and who do not always receive full appreciation for the sacrifices they have made, without which the final end could not have been attained.

In spite of the tremendous strain of her war experiences and at times of pestilence, flood and fire, and although she was exceedingly small and delicately built, Miss Barton lived to be past ninety.

#### A CORRECTION

Miss Hilliard wishes through these pages to make a correction, with apologies, for a statement which she made in her article in the December JOURNAL on Inspection of Nurse Training Schools in New York State. In the list of schools outside the state, recently registered with the Regents, appeared the name of All Souls Hospital, Morristown, N. J. This is a mistake, as the school of All Souls is not registered in New York State.

#### HOURLY NURSING

Section or round table on Hourly Nursing will be held during the convention of the American Nurses' Association in New Orleans in April. The chairman of this section is anxious to obtain the names and addresses of nurses engaged in such work. They are asked to communicate directly with Alma E. Wrigley, 300 Congress Place, Pasadena, California.

## DISEASES OF THE EAR, NOSE AND THROAT

BY CHARLES R. C. BORDEN, M.D.

*Boston, Mass.*

FIRST PAPER

No group of organs in the human body presents a wider variety of diseases than does the ear, nose and throat. Most of them are simple disorders which are easily cured, but certain of them are attended with great danger to life. With a few exceptions, they are neither contagious nor infectious. They may be entirely local in their manifestations or their harmful influences may extend to other organs more important than themselves. Diseases of the ear, nose and throat are to a large extent preventable and it is the author's intention to describe only those which are amenable to treatment or prevention.

The organ of hearing, familiarly known as the ear, is one of the most complex structures in the human body. Its importance, both functionally and pathologically, is out of all proportion to its size. All know of its function of hearing but comparatively few know of the function it has of maintaining the body in the erect position. The so-called semi-circular canals are part of the ear. Diseased conditions of these tiny structures give rise to an intense vertigo and an inability to stand or sit erect.

For the purpose of study the ear is divided into three portions, known as the external, middle and internal ear. The external portion is called the auricle and is that structure which protrudes outward from the side of the head. In reality, it is not part of the ear at all but is a sort of hallway leading to it. Its function was doubtless to catch the sound waves and direct them to the middle ear. It is doubtful, however, if this function exists to any great extent today. The auricle is well supplied with muscles for moving it in different directions, but in most individuals the power of these muscles is lost. In prehistoric times, man doubtless moved his ears as freely as animals move theirs today. At the present time, the principal function of the auricle is to protect the delicate structures internal to it. The auricle is composed principally of cartilage and skin, though the innermost portion is composed of hard bone. The blood supply is scant. This is well illustrated by its tendency to frost-bite in cold weather. The cartilaginous rings which give it its contour or form are subject to injury and consequent deformity. The auricle is subject to different diseases and to functional disturbances from accumulations of foreign substances within its lumen.

Within the auricle is a passage leading to the middle ear which is commonly known as the "canal of the ear." It is an irregular opening nearly an inch in length and about one-quarter of an inch in circumference, in the adult. It is seldom straight in its course and is curved in one or more directions—usually downward and forward. Occasionally one can look directly into the canal and see the drum membrane; this is unusual, however. The direction of this canal is an important matter, as will be seen later.

The middle ear is a very small cavity situated, as its name would imply, between the inner and external portions of the organ. It contains the small bones of the ear with their nerves and muscles and the openings into the eustachian tube and mastoid cavity. The function of the middle ear is to transmit sound-waves from the external to the internal ear. The external wall of the middle ear is formed by a pearly white, semi-transparent structure which is familiarly known as the "drum membrane." It is commonly supposed to be a structure which is analogous to the head of a drum, whose chief duty is to vibrate. It is a question if the function of vibration is as important as it is believed to be. Many persons with imperfect drum membranes have moderately good hearing and many children hear well without any drums at all. Later in life these children lose their power of hearing to a considerable extent, not so much because of the loss of the membrane as from the scars and adhesions which form between and around the ossicles as a result of inflammatory processes.

Probably the chief value which the drum membrane possesses is that of forming a partition or curtain between the middle and external ear. This function is of great importance, for when it is absent the delicate middle ear is far more sensitive to diseased conditions. The atmospheric pressure of fifteen pounds to the square inch would drive the drum membrane inward and flatten it against the wall of the inner ear if no provision were made by nature to equalize the air pressure behind the drum. To overcome such a possibility, there is an opening which extends from the middle ear to the top of the throat which is known as the *eustachian tube*. This structure fulfills its mission perfectly in its normal state. If, for any reason, this tube ceases to perform its duty, air does not enter the middle ear cavity as freely as it should, and we find that the drum membrane is, in many instances, flattened against the wall of the inner ear. This is, perhaps, the most common cause of deafness.

The ossicles or "small bones of the ear" are three in number and are known as the hammer, anvil and stirrup. The anvil and stirrup resemble the objects from which they are named. The hammer bears no

which is opening circum- curved occasion- membrane; portant would It con- and the unction al to the pearly as the e which e. It is believed modern- ums at consid- rane as nd the esses is external ent the s. The d drive the inner sure be- opening which is on per- to per- ly as it stances, the most and are rup re- ears no

resemblance at all to the tool we use to drive nails into wooden objects, but roughly resembles a club. The small bones are joined together in a delicate manner; the hammer and anvil rotating upon each other. The tiny stirrup is joined rigidly to the anvil by a long, thin arm at one end, and to a very small second membrane covering an opening into the internal ear, at the other. The three small bones of the middle ear form a chain or bridge across that cavity to transmit the sound-waves from the external to the internal ear. The integrity of the drum membrane is far less essential to good hearing than is the perfect working of this chain of bones. Destruction of the ossicles is followed by a loss of hearing which is difficult to restore.

The anatomy and physiology of the internal ear is so intricate no description at all will be given in this paper. Its function is to transmit the sound-waves from the middle ear to the centre of hearing in the brain. The latest scientific discoveries in otology lie in this field. Fortunately, diseased conditions of this portion of the organ of hearing are so rare they need not be considered in a paper of this kind.

Before taking up the true diseases of the ear, let us briefly consider two common causes of disturbed function which are not in any sense due to pathological conditions.

Patients often consult their physicians because of their inability to hear accustomed sounds. Examination quickly reveals the external auditory canal to be filled with cerumen or "ear wax." This is a normal secretion of the tiny glands which are situated within the auditory canal. Its presence is necessary for the comfort and cleanliness of the individual. Its function is to moisten the canal and to gather within itself the dust and small foreign bodies which naturally find their way to this location. In elderly people cerumen is frequently absent and they are often distressed with a sensation of itching or burning as a result of it. In consistency, cerumen resembles soft wax and its color varies from a light yellow to a dark brown. In the average individual, the secretion and expulsion of cerumen is an automatic procedure largely brought about by the movements of the jaws. The ordinary methods of cleaning the ears have little or nothing to do with it. Overzealous persons attempt to remove the wax by inserting pointed objects covered with cotton or cloth. Instead of removing it, this effort on their part simply pushes the cerumen further into the canal to a point where the natural methods of expulsion fail to reach it. Nothing smaller than the little finger covered with a cloth should ever be used for the purpose of cleaning the ears.

In certain individuals the contour of the canal is such that the cerumen is not automatically removed. With them, the wax accumulates until

the canal becomes entirely filled. When the sound-waves can no longer reach the drum membrane, deafness more or less pronounced results. When water comes in contact with large masses of cerumen, they are apt to swell. For this reason deafness is liable to develop suddenly while washing the ears. When it occurs, patients are very much disturbed until they learn the true nature of their loss of hearing.

Removing cerumen is not as easy as one might suppose. Even to a skilled specialist it is often a tedious task to perform. Masses of long standing have moulded themselves tightly into the canal and have glued themselves to its walls. In many instances, considerable damage has been done to the delicate tissues in the vicinity by unskillful efforts to remove it. One who is not reasonably familiar with the procedure should not attempt it. Accumulated cerumen should always be syringed out. No other method is attended with safety even in the hands of specialists. It often requires twenty minutes or longer to accomplish the desired result. It is a long drawn-out process with anything but a specially constructed syringe, and taxes the patience of both patient and physician. Syringes designed for this purpose are made of metal and arranged to be worked with one hand. They hold from four to eight ounces of water and it is highly desirable that the piston should slide easily in the barrel. Fountain syringes and small glass instruments of the kind are useless for the purpose. A syringe which requires the use of two hands for its manipulation is hopeless. The proper methods to be employed in syringing the ear will be taken up later. Instruments of any kind should never be employed for the removal of cerumen. To attempt to grasp the mass with forceps is a dangerous procedure. Masses of cerumen of long standing are apt to be quite hard at the end which is next the drum. If the canal is entirely filled, the inner end of the mass may be in contact with the drum. Any attempt to force it out of its position may rupture the drum membrane. Moreover, instrumental removal, if the cerumen is at all hard, is very painful to the patient. The most dangerous instrument used for the purpose is a small hook which is on sale in the instrument stores. This hook is dangerous, even in the hands of skilled specialists, and its use should be only a last resort.

Foreign bodies in the external auditory canal are not especially uncommon. All manner of small objects have been taken from children's ears. Glass beads seem to be the favorites. Peas, beans, cherry stones, small pebbles, wads of paper and cotton, etc., are not uncommonly found in this location. The writer has in his possession, a common pin nearly an inch in length which he removed from the ear of an eight year old boy. It had remained partly in the ear and partly

down the eustachian tube for four years. The boy was not at all surprised when the pin was shown to him. When it was suspected to be in the ear, he was taken to a physician to have it removed. The physician made an examination and denied its presence in the ear. The case illustrates the importance of making a thorough search for foreign bodies when their presence is suspected. The failure to locate this pin caused the patient to entirely lose the hearing on that side.

A glass bead, fresh cherry stone or a smooth white bean, snugly fitted into the canal, presents about as great a problem for removal as can be imagined. Rough or irregular surfaced objects do not, as a rule, present so great a difficulty. Foreign bodies in the canal which cannot be removed by syringing are very difficult and dangerous to remove. Physicians who have had no special experience with aural surgery should not attempt it. The writer was recently called to a case where three previous attempts had been made by the family physician to remove what was supposed to be a glass bead from a baby's ear. With the child in the sitting position nothing could be seen in the canal. The drum had been entirely destroyed and the little bones of the middle ear were missing, because of the previous attempts to remove the foreign body. Upon flexing the child's head strongly to one side, a large foreign body was seen high up in the attic of the middle ear. It was removed without great difficulty and proved to be a shoe button instead of a glass bead. This case is mentioned to illustrate the danger attending the removal of foreign bodies from the ear.

When an attempt to remove a foreign body from a child's ear is made, the child should be wrapped tightly in many folds of a blanket or sheet, extending from the neck to the heels, in such a manner as to render it impossible for him to move. If this does not suffice to hold the child motionless, full ether anesthesia should be resorted to. It is the sudden, twisting movements on the part of the patient which usually cause damage to the delicate structures. Occasionally foreign bodies which do not fit tightly into the canal can be shaken out of the ear by holding the head on the affected side, parallel with the floor, and gently shaking the child's head up and down. This simple method is, of course, not attended with any danger and may be tried by any intelligent person.

Large insects have been known to find their way into the external auditory canal. This is not an unusual motoring accident. A large winged insect will cause a highly disagreeable sensation in the canal of a nervous person as it thrashes its legs and wings about in its efforts to escape. Syringing the ear with water often fails to remove it and

only serves to make its movements more violent. A few drops of any clean oil will instantly kill the insect and its subsequent removal will be easy by syringing out the dead body.

Diseases of the external ear are more or less common. Only two of them will be mentioned, as the remainder are relatively infrequent or unimportant. Eczema of the auricle, so-called, closely resembles eczema in other parts of the body. It probably is not a true eczema as it yields to simple treatment far more easily than does the disease in other locations. It occurs most frequently in the groove behind the auricle where that structure joins the side of the head. In children who have a discharge from the ear, this disease is apt to appear around the mouth of the canal and upon the anterior face of the auricle. Like eczema in other parts of the body, it often does not tolerate the presence of water. Oily or greasy preparations help the condition. If the affected parts are cleaned with olive oil or petrolatum, instead of water, and if the surface is kept moist with some greasy ointment for a few days, the condition will usually clear up, more or less permanently. Usually, though not always, persons who have eczema of the auricle do not suffer from the disease in other parts of the body. When it is present in other parts, eczema of the auricle is a more serious matter and does not yield so readily to treatment.

A second disease of the auricle which is very common is external otitis. This is an infection of the lining membrane of the canal. It is seen more often among women than among men. It is essentially a disease of hairpins, toothpicks and lead pencils. These pointed articles of every-day use are introduced into the canal for the purpose of scratching it; infection follows. When the disease is at its height, the condition is often analogous to a collection of boils, so arranged in a circle as to press one upon another. It is a very painful disease and one which does not yield quickly to treatment. The diagnosis is comparatively simple. The cardinal symptom is pain upon the slightest movement of the auricle, together with a swelling of the mouth of the canal, which is exquisitely tender to pressure. Great care must be exercised in making an examination, as considerable discomfort is given the patient by even the most gentle manipulation. A differential diagnosis is easily made between this disease and acute middle ear abscess and mastoiditis, by the absence of tenderness upon moving the auricle in the latter two diseases. During the acute process of the disease the pain is intense and continuous and is likely to persist for some time, in spite of any treatment available. The pain of both middle ear abscess and mastoiditis is often more easily controlled than that of external otitis. If seen in the early stages, the canal will be found to be red and swollen,

and the swelling at this time will be firm to the touch. Later, the swelling will fluctuate upon pressure at one or more points. This is due to the formation of free pus within the tissues and is the beginning of the process of resolution.

In the early stages the patient should be put to bed, if possible, and a thorough catharsis given. Applications of heat or cold are often comforting. Ice bags occasionally give great relief from the pain; heat, on the other hand, will hasten resolution. Poultices are often used and in severe cases are advisable. Hot irrigations do little good as they cannot penetrate far into the swollen canal. Formerly a solution of carbolic acid in glycerine was used considerably; it often fails to relieve. A saturated solution of aluminum acetate continuously applied on cotton appears to abort a certain number of cases, if used early. Many specialists advise incision of the swelling in the early stages. Others advise waiting until fluctuation appears. The author believes that to incise the canal before free pus exists, not only does no good, but actually makes the condition worse by carrying the infection deeper into the tissues, in many instances. Repeated attacks of this disease may be indicative of diabetes, but more often it is simply the result of careless habits.

Injuries to the auricle require careful treatment. Cuts or tears should be carefully cleansed and accurately stitched together. Ill-shaped auricles occasionally cause great mental distress to their unfortunate possessors. One young boy, in the writer's experience, absolutely refused to attend school any longer because the other children plagued him beyond endurance. His ears were very large and broad and gave him a grotesque appearance. At the request of the boy and his parents, he was admitted to the hospital. Under a general anesthetic we removed a considerable amount of tissue and literally took a reef in his ears. In due course of time he returned to school having practically lost all of the deformity.

The writer does not believe in beauty operations and refuses to perform them upon the nose and face if it can be avoided. Marked aural deformities, however, when they occur in sensitive children, may be regarded as a menace to the child's happiness, and surgical interference is justified in many cases. No beauty operations should be encouraged to satisfy vanity alone. They do not always end well and the patient and friends never forgive the operator in the event of failure.

MATERIA MEDICA IN SCHOOLS OF NURSING<sup>1</sup>

By NORMA A. SAUER, R.N.

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No aspect of life can be separated from the rest and understood, even in a small degree, without some knowledge of the remainder of life. No part of life stands alone. To get nearer the understanding of one item, we must understand all the forces that go to make up the whole of that item. So it is with nursing, to put nursing on a firm basis and to carry out its principles intelligently, we must concern ourselves with putting all of the fundamental standards of the profession on a sound, scientific basis. The modern nurse cares for her patient's environment, administers feedings and very delicate treatments. She gives social and mental entertainment and administers first aid in emergencies. Hence the value of a thorough knowledge of all the sciences is being more and more appreciated.

Since *materia medica* is the study of all the substances used in treating the sick and since the substances used in treating the sick vary from food and water to serums, solutions of bacteria, or extracts of organs; since therapeutics involves the influence of the mind over that of the patient, hydrotherapy and the use of electricity and radiotherapy, or the use of various kinds of rays, it is necessary that stress be laid on intellect and technique in order to educate a woman to fill the requirements of a modern nurse.

I have been asked to interpret tried plans for the instruction of *materia medica* in nurse training schools. The following is but a rough suggestion which embodies that which appears to have been a practical way to teach the essentials necessary in the education of a nurse. It is not submitted as an ideal plan for curricula everywhere; but seems to have given satisfactory information to student nurses in one hospital.

To teach *materia medica* in an elementary, yet thorough way, it should be taught simultaneously with chemistry, cookery, anatomy, physiology, bacteriology, practical nursing and psychology. The popular method of division of the subject seems a practical one for students in the first year of training: posology, pharmacognosy, pharmacology, therapeutics, toxicology.

Posology is the study of the dosage of drugs and to it should be given about fifteen hours of class and practice work. The classes should include the following topics: metric weights and measures, apothecary's

<sup>1</sup> Read at the twelfth annual meeting of the Ohio State Association of Graduate Nurses, Columbus, Ohio, October 19, 1915.

weights and measures, approximate equivalents of the same in household weights and measures, making solutions of various strengths from crude drugs or from solutions of given strength and prescription reading.

The classes in pharmacognosy should correlate with the work in chemistry, cookery, posology and toxicology. In chemistry, the students are taught the making of stock solutions, infusions, decoctions and mixtures used in a hospital. In cookery, the students are taught how to make substances taken into the body, palatable, digestible and also are instructed in the production or retardation of the body's activity after the introduction of these substances. In toxicology, the changes of the body are made evident and the harmful action of the drug is noticed. Pharmacognosy is the study of the chemical and physical properties of drugs. It is a very interesting branch of *materia medica* but is the least practical, since nurses rarely use the drug in a crude state. Therefore only those crude drugs should be shown which would be used if the nurse prepared to help a patient. Then these drugs can be more easily remembered than if many drugs are shown at each class.

Pharmacology, or the study of the action of drugs in or on the body, should be taught simultaneously with pharmacognosy. This branch of *materia medica* should receive at least thirty hours. A simple outline for teaching pharmacology divides all drugs into six classes: depressants, stimulants, specifics, drugs having external effects, disinfectants and antiseptics, alteratives. Depressants may be divided into: cardiac and vascular, respiratory, cerebral, uterine, secretory. The cerebral depressants may be simplified into two classes: those drugs which lessen all the activities of the brain and those which lessen partial activity of the brain. They may also be classified as bromides, hypnotics, general anesthetics, anodynes and local anesthetics, antipyretics, anti-spasmodics and motor depressants. These classes are held simultaneously with the classes in medical nursing, in which students are taught how to care for the patients with injuries involving the nervous system. In this medical nursing course, students are also taught the therapeutic measures to be taken with fever patients, patients in pain, and insomnia. Hence they learn the application of antipyretics, anodynes, hypnotics, etc. Depressants seem simpler than stimulants and are therefore taught prior to them.

Stimulants can be classified as: gastro-intestinal, cardiac and vascular, respiratory, nerve stimulants, and stimulants which increase secretions. These drugs are taught simultaneously with medical and surgical nursing, when students are taught signs of shock, hemorrhage, heart failure and first aid in the same, also first aid nursing in fainting, asphyxia, convulsions and poisons.

Toxicology is taught with pharmacology. It seems impossible not to touch upon the toxicological action of a drug while giving instruction in the pharmacological action of the same. First aid in the manifestation of toxicological symptoms seems best introduced when teaching the drug and its dosage.

I agree with Miss Parker, when she says "The study of *materia medica* needs to be supplemented by experiments, demonstrations and observations." For example: students count pulse and respiration of a frog; give frog dose of strychnine, they note change in pulse and respiration. A toxicological dose of strychnine is given to frog; students note symptoms of poisoning. The antidote for strychnine is given and students note the effect of same. After such an experiment, even beginning students cannot fail to remember that the effect of strychnine on the circulation is to make the heart slower and stronger. The fact that the symptoms of acute strychnine poisoning appear in a few minutes after it is taken, impresses upon them the sudden onset of poisoning. The stiffness of the frog's muscles and then the violent twitching of the limbs, followed by the sudden tetanic convulsion of the whole body, impress the student more than any lecture or book could do. The students who saw tannic acid given as the antidote and ether for the convulsions and lavage are quite sure to remember the treatment in a case of strychnine poisoning. Concrete teaching is the most practical in all branches of *materia medica*.

Specifics, or drugs used particularly to cure certain diseases, are taught simultaneously with the instruction in the diseases for which they are a particular cure. As quinine is introduced while the students are having the bacteriological disease malaria, mercury is introduced while the students are studying diseases caused by the gonococcus and spirilla. Salicylates are taught while rheumatism and gout are being taught in medical nursing.

Drugs having external effects only, are taught in connection with medical and surgical nursing, when escharotics and astringents are more readily understood, since their action has been observed in treatments and dressings in the ward.

Disinfectants and antiseptics are taught simultaneously with bacteriology, when the growth and reproduction and mortality of germs are comprehended.

Alteratives, or drugs affecting the metabolism of the body, are taught with medical nursing and dietetics, when metabolism is understood. Physiology and anatomy are also taught in the first year, hence the nurses have an appreciation of the location and functioning of the body's organs.

Fifteen hours of lecture and demonstration work in therapeutics should be taught after the students have had the afore-mentioned branches of *materia medica*. It should be divided into psychotherapy, the use of the mind over that of the patient; hydrotherapy, the use of water; electro-therapy, the use of electricity; serum-theraphy, the use of serum; radio-therapy, the use of various kinds of rays. This correlates with their work in the psychopathic and neurological wards and their work in orthopedic and X-ray departments.

In conclusion, we allow fifteen hours in posology, thirty hours in pharmacognosy and pharmacology and fifteen hours in therapeutics, having the principles of each branch applied in the ward work or demonstrations. This transforms the pouring and carrying of medicines from an uncertainty to a scientific art. We should appeal to the nurses' intellect and not only to their conscience.

Since *materia medica* includes all substances used in the cure of the sick; and since nursing is the kind and intelligent care of the helpless and the sick, *materia medica* is a part of nursing. As a knowledge of its parts must be had to comprehend the whole, so a thorough knowledge of *materia medica* is necessary to put nursing on the high level on which it needs to be to conserve life.

#### A GERMAN HOSPITAL TRAIN

By IRMA MERKEL

*Bremen, Germany*

We love our train as seamen love their boat and the form of our life on board of the train resembles theirs. We may even speak of the battle with wind and weather when we pass from one carriage to another, across the unsheltered platforms, when the storm grips us in such a way that the opening of the doors is every time a struggle. Many pieces of headgear have on such occasions been lost overboard. At one time a male nurse, while crossing, unfortunately suffered a severe fracture of a leg, but otherwise the state of our health is excellent, chiefly due to the great care with which sanitary rules and their execution are being attended to. Here I may add, that only a very limited amount of alcoholic drinks is allowed at the front generally. One of the most important branches of the provisioning service is the one attending to the supply of mineral waters for the army. This is always available in liberal quantities. The hospital trains get the fullest benefit of these arrangements.

We have about 150 hospital trains which are approximately even in equipment and management. Possible changes and improvements are reserved to the physicians in charge and some are, perhaps, fitted out a little richer than others in accordance with the taste of the donor. The administration is of two different kinds. Some of the trains are taken care of by the Red Cross and carry as attendants members of the association for volunteer nursing, although, of course, they are subject to military authority. Others are military hospital trains, the personnel of which, even the physicians, are at work as part of their military obligation. In these trains no female nurses are arranged for. Only at the special request of the donor, a merchant of Bremen, we had been allowed on our train. The trains of the Red Cross have, on the contrary, nearly always four female nurses.

Our train consists of about 40 carriages; 26 for wounded, 1 for bandaging, 1 for the apothecary and the administration, 1 for the kitchen, 2 for the supplies, a refrigerator car in the summer, 2 for hot water supply, and then the necessary carriages for the three physicians and the rest of the attendants, composed of 30 military nurses, 6 subaltern sanitary officers, 4 female nurses, and 1 inspector, who is the housewife of the train, and the personnel for the kitchen and for the running of the train.

Our carriage is particularly cheerful. We sleep, two of us, in small state rooms. Beds, washing facilities, etc., are arranged just as on a boat, possibly because the North German Lloyd has outfitted the train. The other half of the carriage is our living room. It has so far never been without flowers! There we all take our meals and feel quite at home. Every carriage for the wounded has 10 berths, arranged just as in an American sleeping car, but without curtains, which we have only in the carriage for wounded officers, though it is in no other way different from the rest of the cars. The food is identical for everybody. When we sometimes have to take care of over 300 people, the 4 female cooks have a remarkable job to accomplish, even with simple food only, but there is always some special food cooked for those who are very ill. The food is being called for by the individual nurses, one of whom is in charge of each car. Frequently they are, as a precautionary hygienic measure, not allowed to enter the kitchen, but have to receive the food through the door windows. Plates, spoons, etc., are in every carriage in the supply chest and are cleaned in each carriage; the necessary paraphernalia are provided for with the best utilization of space. In the same way every carriage has a definite supply of laundry which may at any time be replenished from the laundry carriage. The most important factor in the equipment of the carriages is, of course, the quality

ely even movements, fitted by the donor. Trains are carriers of the subject personnel military. Only had been the con- d, 1 for for the 2 for hot physicians nurses, 6 who is the l for the in small as on a he train. ar never quite at ged just we have her way everybody. 4 female food only, very ill. whom is in hygienic the food carriage ary para- In the h may at t impor- e quality

of the beds and in that respect there is still a competition of the different systems. We may well be content with the beds in our train which are fitted with three types of springs in order to weaken jerks from every direction. Mattresses, woolen covers and pillows are very good, but in spite of that, every one who is wounded seriously, has always been glad when the trip was at an end and when he saw ahead of him a quiet bed in the hospital.

Alas our wounded! It is easy to write about things which are meant to serve them, it is difficult to speak of the wounded themselves, as our feeling at once prompts us to use the strongest expressions. One must have seen them without complaint on the stretchers, with eyes so full of something high and earnest, eyes in which are written experiences that remain beyond the understanding of those who have not been in battle. A holy expression rests on some of those tired drawn faces, such a one as I have seen on the faces of some mothers who have also suffered to the limit of human endurance in order to make possible the existence of another human being. For their daughters, for their wives, for their loved ones, our soldiers have consciously bled. That thought has allowed them to bear their sufferings quietly. Often when we tried to hold back our tears they would help us with a humorous remark. Never before have I known what humor means, only now I understand it, when these brave soldiers have made bearable many situations by a timely joke.

The entraining of the wounded is attended to jointly by the stretcher bearers and by our military nurses. These latter have a very difficult task, as they have to attend to all the wishes of their patients, even during the night, when they have only a long chair at their command. Five times during the day they have to get the meals, which means usually a long trip from the last carriage, often requiring the opening and closing of more than 60 doors. They also have to keep their carriage absolutely clean, wiping it with a damp cloth. The getting of water at the stations is also extra work, which cannot take place at regular hours, as it naturally has to be fitted to the stops at the stations. Sometimes they are too short. So it happened to one of our most diligent nurses, who wanted to take special care, that the train started under his very nose, leaving him behind with his two buckets of water. Only three days later was he able to join us again and he had naturally to stand considerable chaffing. I also remember a March night in Poland so much below zero that at several stations wells were frozen and we were more than delighted when we found, long after midnight, a station where we could get water by slowly pumping it into the buckets, giving us the assurance that we should not have to go without our warm morn-

ing coffee. In the winter time we were soon used to the great difference of temperature between the inside and the outside of the carriages. Only a few colds occurred. We have found it much harder to bear up under the summer heat. Another great difficulty for the attending nurses lies in the prompt transportation of the wounded whom the physicians want to have in the operating and bandaging carriage. They are brought there in their own beds which can be unhooked without difficulty. Even when this transfer takes place at a station, much good will and judgment have to be used in order to accomplish it properly.

The operating and bandaging carriage presents practically a small modern operating room. It has plenty of washing and sterilizing facilities and very good light. Everything is pure white and everything is kept, in spite of the dust of the train, always clear like crystal. In addition to the sterilizing apparatus it has also a ton of disinfectant fluid into which all pieces of laundry which have come in contact with inflamed wounds are thrown at once. The bandages which have been used are burned immediately. For the bandages which have to be made, each department—there are two departments of 100 beds and one of 50—has its own surgical chest, which contains everything necessary, and it also has containers with sterilized bandaging material. Those of the wounded who can walk into the bandaging carriage have special suites at their disposal, but even they have to remain during the rest of their trip in bed, so that they may not obstruct the narrow passage way. All uniforms are kept, during the journey, in the corners of the platforms under a tent arrangement. This too has to be fixed by the military nurses who have to bundle together what belongs to everybody and who have later on to hand it back to the owner. In addition they have to write down the personal data about the inmates of their carriage. We female nurses assist in the operating and bandaging carriage and also attend to those of the patients who are most seriously ill.

The relation between the male and female nurses occasionally assumes the character of the competition between sexes. But then, this is hardly a time to clarify that situation, otherwise I should often have liked to read to them, for instance, some of the things said in the lecture by Privy-Councillor Dr. Meyer-Gerhard on German Women and Modern Problems, which he recently delivered at a suffrage meeting in New York.

Before the wounded are taken from the train to be transported to their homes and to hospitals, the numbers of those who have to be transported lying down or sitting up, of those who are capable of walking or who are destined for ear, eye, or other special hospitals are

chalked on a blackboard on the outside of each carriage. The corresponding numbers with notes are fixed to each berth so that the transportation is accomplished without a hitch.

The train attendants then have new work to do. During these stops there has to be a thorough cleaning of the carriages, which also have to be disinfected; our train carries a special apparatus for disinfection. In all hospital trains there are special toilets which have to be removed at the stopping points. On account of the danger of infection, the soiling of the track has to be avoided. When the train and the attendant have been thoroughly cleaned, then only a few hours' furlough into the city is granted. Our trains are usually kept on the sidings near the railroad workshops. Needless to say, one has in such surroundings often the longing for the life in the home of an ordinary citizen, though the huge machine shops with all the steel monsters have a peculiar beauty and grandeur for thoughtful persons. It has been very pleasant for us, so far, that we had a different stopping place every time; always we were able to get a great deal of pleasure from a new beautiful corner of our Fatherland. When we were in Hamburg on one of our return trips, I saw for the first time the Bismarck Mausoleum decorated with countless wreaths which had been brought there on the 1st of April in memory of his 100th birthday. The same evening, I listened to a wonderful performance of Tristan and Isolde, and when I returned that night my heart was glad with the thought of our great brothers.

Hamburg was simply swamped with flowers and vegetables which have formerly been sent to England. We also stopped at Luebeck and Berlin as well as at Schwerin, the home of our Crown Princess, who was just then visiting there with her four sons and her young daughter. From Koenigsburg we made an excursion to several resorts on the Baltic Sea, which reminded me of the warm springs days of the Riviera Levante. In Neubrandenburg, where there is now a very large prisoners' camp for Russian, French, and English officers, I met with the greatest joy another nurse of our association who had just come from Vienna, on furlough for a fortnight. She had been the superintendent of a military hospital for contagious diseases containing 2000 berths. She was quite enthusiastic about the wonderful coöperation between the Austrian war hospitals. Their general superintendent is Agnes Meyer who had sometime ago studied at the Presbyterian Hospital in New York and at Johns Hopkins Hospital in Baltimore.

Still more interesting, naturally, were the experiences which we had in the region of the military operations. We had enough time there to study, to some extent, the country and the people. There is not a great deal of change for us in regard to these places within the war zone, as

our military train is attached to one army corps and has to return to that corps from each homeward trip. Our army corps happened to be in the north of Poland. Lowicz has so far been our most southern place. At that time we were only a few kilometers behind the front and we heard for the first time the thunder of cannons. We could clearly observe how our flying machines were shot at by Russian shrapnels which floated like white clouds quite harmlessly against the sky, slowly dissolving, happily without doing any damage. The street scenes in Poland have been described a thousand times. Endless rows, coming and going, of all kinds of carriages; motor-cars going at high speed, slow moving cannon which nearly submerged in the groundless roads, long columns of munition and supply wagons, now and then speedy dispatch riders, hospital cars with the Red Cross—but all of it covered with that grey dirt which seems to be the most characteristic feature of Polish country roads. Our soldiers looked weatherbeaten, disciplined, erect in mind and body, giving the impression of thorough order and serious work. Many colored tones were brought into this even grey picture by the dresses of the natives, mostly Polish Jews, the type of which Bremen people know so well through the emigrants. Abashed, and even downcast, they often stood in the low doors of their dirty houses and in the dark court entrances. If we talked with any of them, they all, practically, could speak German, we always heard the same. In a low and stunted voice they would tell of the Russian frightfulness which they had to suffer before and during the war; even from their synagogues they had been torn to severe cruelties and often death. The German domination would be welcome to them, so they assured us again and again. Or did these oppressed people merely wish to please the ear of the victor?

Poland has shown itself as a very beautiful country in the government of Suwalki. Our train was stationed just outside of the city which enabled us to wander without effort quite far into the surrounding country. These wide plains, traversed by gentle chains of hills, have an atmosphere of a very transparent clearness, full of peculiar reflexes of light which bring up reminiscences of the African desert. All silhouettes are drawn wonderfully sharp against the horizon, every plowing farmer on the curiously yellow knolls appears almost within reach. We saw several deep blue lakes where fishing went on peacefully, and had we not been disturbed by a German cavalry patrol which suddenly approached us at top speed and asked us if we had seen any Cossacks, we should have liked to go nearer towards the woods lying right in front of us, but we denied ourselves the acquaintance with the Cossacks and went hurriedly back to our train. The city of Suwalki is as

ugly as all these provincial towns. The streets are slowly being brought into good order by German *landwehr* troops and Russian prisoners who are instructed by gesture. On the railroad, hundreds of Russians are busily making the tracks narrower in order to meet the requirements of our railroad carriages. On one of these tracks I had the chance of seeing a Russian hospital train, unfortunately unequipped, so that it was not possible to form a judgment on its quality. At any rate the berths were crowded into a much narrower space than with us. The latest Russian hospital trains are said to be equipped very finely indeed, for instance, the one which has been donated by the Empress. Unfortunately for the Russians, it was at once captured by the Germans. The Russian nurses whom we met in the Russian hospital in Suwalki, correspond in their appearance entirely with the excellent report that we had heard about them. They seem to be largely recruited from the ladies of the Russian aristocracy. They wore charming veils and under their white coat they showed very smartly shod feet. They appeared to be assisting the nuns in the operating room with a great deal of seriousness. About 130 German hospitals are said to be in Suwalki.

We happened to see the opening of the first German shop intended for the soldiers. The eagerness is indescribable with which they tried to take advantage of this opportunity. In several long lines they would wait patiently and quietly until finally their turn came. In spite of all the packages from home there are usually a few necessities which are lacking and a few wishes that have not been filled. The hospital trains, whenever they leave the home country, equip themselves as fully as possible with gifts for the soldiers and it is the purest joy which we have experienced on our trips when we have been able to give these presents to the soldiers whom we met, either along the tracks or at the stations. We have often wished that those who donated these gifts could be able to experience themselves this pleasure.

But after all these are only small incidental experiences. The war in its grave and sad seriousness seems to be destined to go on for some time. The overwhelming conflagration does not appear to have been extinguished anywhere. And what will the future bring? May not we women all be in accord with these words of Privy Councillor Meyer-Gerhard uttered at the close of his above mentioned address: "The possibility, that this big war could start, is a clear proof that men alone have not been able to establish mutual understanding between the nations to such an extent as to prevent a life and death struggle. I hope that the influence of the women of all the great nations will, in times of peace, establish feelings of better comradeship and understanding."

## THE PERSONAL AND THE IMPERSONAL NURSE

By ELIZABETH INGA HANSON

*Fitchburg, Mass.*

It is said that in the old days "when the Master taught John Latin," as long as the Master knew and taught Latin, nobody cared very much whether he knew or taught John. Nowadays our teachers are instructed to teach John as well as the subject under discussion, not minimizing in the least, however, the value of thorough preparation.

In the field of nursing all will agree that it is well to have as thorough an understanding as possible of anatomy, physiology, bacteriology, dietetics, etc., together with the practical work, where one performs the personal work for the patient which renders him more comfortable, but are we not apt, in our zeal "to carry out orders," "get the beds made," and "the work on the wards done," to forget all about John? In a general hospital, where we have all sorts and conditions of men, women and children; black, brown, red and white races; educated and ignorant, and all stages between, we have an opportunity to study human nature on a broader scale than those whose study is confined to a small private hospital.

There are traits that are common to all sick people. Every sick person appreciates sympathy. It does not cost anything, neither does it take any extra time, to tell a patient that you are sorry he has so much pain, while you are performing some duty.

One of my instructors, while I was a probationer, said, "I wish every one of the class could be sick a while on the wards, for her own sake, she would then see some things differently." I did not understand the full import of this remark until I was sick on a ward myself, and I do not think any nurse can appreciate fully how it feels to lie awake and count the hours until morning or to lie and wait for a drink, as one hears the forgetful nurse chattering outside the door, until she herself has been the patient.

I have been interested so often in observing a new patient come to an open surgical ward. The guide from the front office conducts the patient (who may be walking, or perhaps in a wheel chair) to the ward, and placing the patient upon a couch reports to the nurse in charge of the ward. She takes his temperature, pulse and respiration, observes his condition, and if comfortable may leave him for awhile to attend to more urgent duties. To return to the patient. He has a natural curiosity concerning his surroundings which, when satisfied, reverts to his nearest neighbor, who may, perchance, be sitting on the

other end of the couch. Before long the newcomer, whom we will call patient number 2, says to his neighbor, whom we will call patient number 1, "What have you got?" "Had my appendix out, what ails you?" "I have a hernia." "Oh," says patient number 1, pointing across the ward, "that fellow over there in the bed next the door has been cured of hernia and can tell you all about it. It is not so very bad." Whereupon they both go over to patient number 3, who is glad to tell the questioning, eager man how nicely he has progressed since his operation. This is a common daily experience.

Similar incidents occur in a female surgical ward. For instance, the new patient is a frail and timid little woman and looks as if she were afraid of her own shadow. Tears are lurking in the corners of her eyes, only waiting for an opportunity to overflow. She sees a patient being taken out on a stretcher truck, and upon questioning learns that the patient is being taken down to the amphitheatre for operation. This only adds more fears to those she already possesses. Soon she is taken to the bathroom for her admission bath and shampoo, which all patients have, unless their condition contraindicates it. The nurse, trying in a kindly way to ascertain the cause of her distress, learns that she has not slept for three nights, ever since her physician at home had told her that she must come to the hospital for an operation. To her, coming to the hospital was a real terror and she had most distorted ideas regarding what she must endure. She was much comforted, however, when she heard that her bed would be next to someone who had had a similar operation, and by the time she was ready to go to the ward her tears had all vanished and hopeful lines had replaced worried wrinkles. Race, social differences, color and age are all overlooked in the camaraderie which exists where the bond of suffering unites all in one large family.

I have said that all sick people appreciate sympathy. There is another trait common amongst sick people. They are all bound with chains. So, in fact, is every life, one is chained to riches, another to poverty, one to conventionalities, another to society. There are chains of fear and habit, creeds and religion and of professional etiquette. But let us stop generalizing and consider some of the chains that in every truth bind our patients.

Given a Hebrew patient, he is literally bound and fettered by his religious beliefs. He will not eat this or that food because its ingredients or perhaps its preparation are not according to the Mosaic Law.

Some patients are so bound by home ties that their main thought is home and not in getting well. For instance, a patient came to the accident room one night and was operated on at once for appendicitis.

She was taken to the ward in good condition and progressed satisfactorily in every way as indicated by the appearance of her wound and her charts, yet the night nurse always found her awake whenever she made her rounds. It was the third day after operation. She said she had no pain, but could not sleep. Finally she told the nurse that she had three small children at home in one of the suburbs of Boston, the youngest, one and one-half years of age. The night she came she was too sick to realize where she was going, and no one had told her who would care for the children in her absence. The husband was out on a drunken spree and had not been home for two days previous to her coming to the hospital. The neighbors, finding her sick in bed, had arranged for her coming. "How can I sleep," she asked, "not knowing where the children are?" The case was referred to the Social Service Department, which corroborated the woman's story next day and brought her word as to the provision the kind-hearted neighbors had made in caring for her children.

Dr. Thorndike, an eminent psychologist, says that "a mind's past experiences and present content determine its responses." Just as education, at the start, must build on instincts and native capacities, so at each future step it must build on previous experience and pay heed to present conditions. It is this present contentment, which lies uppermost in the mind, that draws patients together.

Every person or thing that is brought into our line of vision is valued in our minds according to our own individual standards. Sympathy and affection go out to those who most resemble ourselves. We naturally follow the line of least resistance. Did you ever feel that you ought to sympathize with a person? Compare this with the spontaneous outpouring of sympathy to other people. Sympathy is not always what a patient needs most. Therefore the nurse must find out what the present content of the mind is. If a patient's mind is obsessed with fear, you cannot help him very much or make him very happy until you remove his fear.

It seems to me that it is especially the province of the nurse to do this personal sympathetic work. In the hospital, the doctor sees the patient twice or more, daily, for a few minutes at a time. He seldom has time to question into much more than his or her disease, but always appreciates knowing anything outside the disease itself that may retard recovery.

What is it that we as nurses lack most? I have asked myself many times during my course in training. First, it seems to me comes courtesy. To be treated and to treat others, courteously, is our right, first as women, then as nurses. In the rush of routine hos-

pital life we are likely often to be unpardonably discourteous. Someone has said, "Always be easy and free; never be free and easy." I have found there are times when it is not easy to be courteous to the chronic nerve case, the crochety old man, the fanciful old lady or the fractious child, but if we expect to be treated courteously, we must ourselves be courteous, and it is well to bear in mind that we are exercising an influence, unconscious mostly, for good or evil, on everyone we come in contact with and every patient is bound by some chains that make him unlike himself, were he well.

Again we need patience, but what is patience? Webster's dictionary defines patience as, "constancy in labor or application; forbearance; endurance or self control." But I think patience as applied to nurses is better defined in Crabb's English Synonyms, viz., "Patience lies in the manner and temper of suffering and endurance in the act. It is a virtue springing from principle and therefore applicable to conscious agents only. We may have endurance and not patience, we may have much to endure and consequently have endurance; but if we do not endure it with an easy mind, and without the disturbance of our looks and words, we have not patience. On the other hand, we may have patience without endurance, for our patience may be exercised by momentary trifles, which are not sufficiently great or lasting to constitute endurance." The power or ability to endure with an easy mind and without the disturbance of our looks and words! What a virtue to aspire to attain unto!

I have found that a nurse needs all the strength of body, mind and character, plus all the virtues one can think of, with a lot of good plain common sense thrown in. If such a person were to be found, someone would find one other thing lacking. Golden ideals! Yes, but well worth working unto. Meanwhile.,

Do the duty nearest, though its dull at whiles,  
Helping when you meet them, lame dogs over stiles.

You like your work? Are you enthusiastic about it? What is enthusiasm? It comes from the Greek (en-thers) which means "God in." And is not all real enthusiasm God speaking and acting in and through us? For instance, the enthusiasm of the children's nurse! or of the patriot nurse that calls her to help in time of war! or of the school nurse or the district nurse whose lives are bound up in those they are trying to help. Florence Nightingale says "The foundation of all must be the love of God" and throughout her whole life her aim seemed first to glorify God.

In nursing, perhaps more than in other work, the personal indi-

vidual touch is needed. No one was ever helped "en masse," but when someone stops to reach out a hand to a helpless sister and show her the road to health, have we not done something worth while?

Sometimes it seems as if one could not imagine an "impersonal nurse." Yet what would you call a nurse who, seeing you care for an Italian who could not speak English, said, "Well I am glad I don't have her to care for, I just hate all those old dagoes and kids, anyway." There are others who do not say it, but avoid doing more than is absolutely necessary. Of course, it goes without saying this is contrary to the teachings of our training schools, and I am glad to say that I have met few such.

Mrs. Harriet Beecher Stowe told once of asking a prominent gentleman for funds in aiding a worthy person. He replied that he had lost interest in that kind of giving and what he gave, he gave through organizations. "But you have no interest at all in your fellow beings," Mrs. Stowe replied. And is it not so? The greatest of all teachers and healers came to earth amongst us and "raised the dead" and "cleansed those that were sick of divers diseases" and "made the blind see" but how? By the personal word or command.

It is the personal touch, the personal kindness, the individual thoughtfulness that really count, and keeping in mind and before us always the highest ideals of the Greatest Teacher, the indifferent careless nurse is left behind.

#### ALCOHOL AND THE NERVOUS SYSTEM

By MORRIS J. KARPAS, M.D.

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##### PART I

In the scope of nervous and mental diseases, alcohol plays an important etiological rôle. Before describing the abnormal phenomena, produced by this agent, it is necessary to obtain a clear and comprehensive idea of the nature and action of alcohol upon the nervous system and to discuss the psychology of the alcoholic habit.

*The nature and action of alcohol.* Alcohol is an artificial by-product and is not found in nature. Ethyl alcohol ( $C_2H_5OH$ ) is obtained by fermenting a sugar solution with yeast or by distillation of fermenting grain or starches. Pure alcohol may be obtained in the following forms: absolute alcohol is 99 per cent; alcohol (U. S. P.) is 94.9 per cent; diluted alcohol 48.9 per cent.

In considering the influence of alcohol upon the nervous system, two important points must be accentuated: *first it has a decidedly depressive power and secondly, it has an accumulative tendency, no matter how small the quantity consumed.* In the words of Eastedo, alcohol "depresses first the highest cerebral centers of all, the intellectual centers, then the lower cerebral centers (motor, emotional, animal) then the cerebellum, then the spinal cord and finally the vital centers of the medulla." In the very early state, a primary stage of exhilaration may be perceived, but this is only transitory. Briefly stated, *alcohol depresses the higher intellectual faculties, lowers inhibition and disturbs emotional balance.* In such a way a healthy mental adaptation becomes impeded.

Experimental investigations show that even in the imperceptible phases of alcoholic intoxication, mental and physical fatigue is quite in evidence, and to quote Maus: "During one of General Wolseley's campaign, he divided some of his men into squads for marching experiments. The first squad was given a daily ration of whiskey, the second a ration of beer, and the third water. At first the whiskey squad marched gaily ahead, but was soon overtaken by the beer squad, which in turn was passed by the water squad. The water squad followed an even steady gait and after passing both whiskey and beer squads reached its destination long before its competitors." "During the Swedish alcoholic investigations among soldiers, a number of picked non-commissioned officers and men were selected for rifle practice. The tests covered a number of days, part of which time the men were tried out with small quantities of alcohol, about  $1\frac{1}{2}$  ounces of brandy. The results were invariably the same. When alcohol was taken during quick fire, the hits were 30 per cent less, although the men imagined they were firing quicker. When slow aiming was allowed, the difference was 50 per cent in favor of abstaining days. During the marching tests some of the men were allowed alcohol while others were deprived of its use. The drinking men were found far inferior in marching and enduring qualities, besides all of the sunstrokes and heat exhaustion occurred among the drinking class. As a result of these experiments the Austrian soldier is not allowed to carry brandy on his person as was previously the case." "A study of type setters" writes Bastedo—"for example, has shown that they made more errors even under very small amounts of alcohol; pianists strike more wrong notes; sight and hearing are less keen; the sense of touch is impaired."

The experimental work of Professors Kraepelin and Aschaffenburg give sufficient proof that even in small quantities alcohol retards intellectual efficiency. It must also be borne in mind that alcohol causes

anatomical changes in the nervous tissue to such an extent as to bring about striking and permanent mental and physical symptoms. Indeed, alcohol does not only affect the nervous system, but injures the other organs of the body, such as the liver, kidneys, cardio-vascular apparatus, stomach, etc. By reason of the pathological changes in these organs, elimination of poisonous material may become impeded. Furthermore, the influence of alcohol reduces the general resistance of the body, and in consequence habitual drinkers are very prone to various physical and infectious diseases in which, as a rule, the prognostic outlook is not so favorable.

*The psychology of the alcoholic habit.* The underlying psychology of the alcoholic habit has been the subject of animated discussion in many medical and psychological societies. Various theories have been expounded in explanation. Some believe that the craving for alcoholic beverages simulates sexual love, in other words, it is a purely instinctive and not an acquired trait; others maintain that the alcoholic habit is the product of the environment; others feel that hereditary influences are responsible for it; others hold that certain chemical changes in the body cause this abnormal phenomenon; and according to other observers the gratification of such an unnatural appetite is a symptom of a diseased mind. However, the fact remains that the alcoholic habit is decidedly an abnormal manifestation and that its psychological structure is as complex as that of any other malignant habit, though, to be sure, it may be controlled or modified by different types of personality which for convenience may be divided into five large classes:

1. Neurotic Type. Individuals endowed with a nervous temperament are prone to take to drink in order to drown their sorrows in alcohol. In such instances it is used as a means of shrinking away from the real issues in life and living in a state of illusion. Financial reverses, disappointment in love, death in the family and other emotional conditions are frequently ascribed as causes for the development of habitual alcoholism.
2. Constitutional Inferior Type. Poorly balanced individuals who are either inferior intellectually or show lack of will-power take spirituous drinks to such an extent as to develop the habit.
3. Environmental Type. Some become addicted to the use of alcoholic beverages because of the peculiar environment they are placed in; sociability and good-fellowship are striking causes of this evil.
4. Accidental Type, due to some misconception of the actual value of alcohol or misdirected medical advice is quite often the underlying condition for the development of this malignant habit.
5. Psychopathic Type. In some forms of mental diseases the patients are given to the immoderate use of alcohol, but this is regarded as a symptom, not a cause of the infirmity.

ETHICS<sup>1</sup>

BY NANCY E. CADMUS, R.N.

*New York, N. Y.*

Ethics is the science that deals with conduct in so far as this is considered right or wrong. If conduct is regulated simply by the measure of customs or usages, this is not carrying it into the realm of ethics. Conduct must be the outcome of choice and purpose; choice should be affected by the rights of others, and purpose should be based upon the individual's ability to judge of the choice as right or wrong measured by this standard. The function of ethics is to secure correct outward action based upon an inner life whose activities all spring from a principle of living, or perhaps it may be better said, to arise from living by principle. Character is or should be the ultimate end of all social activity, but because social institutions are more or less imperfect, the character produced by them is fragmentary and inconsistent. The social organism lacks ethical unity which is due to the fact that society is not permeated by a recognized common ideal nor will society ever possess this ethical unity until it bases all its institutions upon the principles of living as taught us by the great Master whose teachings are the essence of ethics.

Every legitimate field of activity open to man, let it be commercial, industrial, political, professional, or what not, must have an underlying method of procedure adapted to its requirements: but when man enters this or that field he carries with him, beside his special preparation for the activities of the field of his selection, his own ideals or lack of ideals; the grouping of individuals in any given field creates the necessity for harmony in purpose and ideals. Those activities having merely to do with the outward manners or ways may be classed as customs, usages, or the amenities of life, but when actions affect the rights of others, then we perceive the ethical aspects.

One of the most puzzling questions of life is, "What is right, what is wrong?"

When one pauses to consider the teachings as found in the Bible, he cannot but be impressed by the absence of specific, detailed instruction on conduct, excepting in matters pertaining to the material life. We are commanded not to kill, not to steal, not to covet, and so on, but for the effects of the countless influences that go to make the structure known as the inner life, our conceptions of our relation to our fellow

<sup>1</sup> Read at the meeting of the New York State Nurses' Association, October, 1915.

men, the shaping of one's thoughts and feelings, the understanding necessary to cope with life's temptations and problems, we are given broad, underlying principles upon which to determine the outward manifestations of that inner life, rather than the specific "Thou shalt" or "Thou shalt not."

Upon purity of heart is based purity of living; through the great gift of that love that passeth understanding, is secured a regard for the rights of others; and from faith, hope and charity as principles of action, spring those ideals of living which mean uplift.

The leaders in commerce and industry will think mainly of competence or wealth and the politician will transact national business with a view to material conditions rather than to the moral development of his fellow countrymen, still if all are true patriots, each class will study the type of men they bring forward through their power and influence with a view to producing harmony and ethical conditions.

During the month of August last, there was held in Salt Lake City a celebration to commemorate the completion of the twenty-five years work of the "Uniform Laws Commission." The purpose of the work of this Commission had been not to make more laws, but to secure greater uniformity in the existing laws.

What has been accomplished by it? To answer briefly, advance has been made in the establishment of codes of ethics which promote a betterment in interstate as well as local transactions. Greater purity of food, more correct standards for weights and measures, drug regulations are some of the things accomplished. What created the necessity of such a commission but the lack of ideals, and what better name than ethics can we give to its successes which are based on the introduction and adoption by men of ideals that secure moral uplift?

No attempt has been made by this Commission to compel all the states to blindly accept an arbitrary regulation of certain laws, but when individual states are brought to see how ineffectual the efforts of any one state are in controlling irregularities in its drug, food or any other trade and discovers that evil disposed dealers can step over the border into a neighboring state and *legally* (?) commit the very offense the first state is endeavoring to make impossible, the argument for the establishment of action based upon higher ideals is very easily understood. The work of this Commission has been nothing more or less than the development of "codes of ethics" to regulate the operation of existing laws thereby encouraging uprightness and discouraging evil.

As we are gathered here to-day to consider nursing affairs, the natural trend of this paper should be *nursing* ethics. Without doubt, no one who sits before me today is unacquainted with Isabel Hampton

Robb's *Nursing Ethics* and it seems almost like presumption to endeavor to discuss a subject so wonderfully developed as this one has been in this book. You will recall that Mrs. Robb must have written her book about the year 1900, a fact which only increases its value. We find her saying, "We (nurses) cannot stand still in the future, the public, both medical men and the laity, will be ever demanding a still more efficient nursing, more uniformity, and a higher order of women to meet these requirements." Greatly is it to be regretted that Mrs. Robb was not permitted to live to see, even in the fifteen years since she uttered these words, to what an extent her prophecy has been fulfilled. But, granting that much has been accomplished, we cannot close our eyes to the fact that this fulfillment is far short of what it should and might be.

What are the underlying causes for a failure to have come into our own?

First, quite the same thing that was noted as the cause of failure in society generally will apply here, namely "a lack of definite ideals that permeate the whole structure." If this be true, why is there such a lack? Simple because the spirit of uniformity in purpose, as also in ideals, is absent to too great a degree.

The history of the origin and development of the training schools for nurses, as we find them today, supplies us with much necessary ground work for the discussion of the present status of the nursing profession as related to ethical accomplishments and what may be hoped for in the future. Owing to the unspeakable conditions existing in the wards of our hospitals and the entire absence of any source from which nursing as a factor in the conservation of public health could be drawn, a demand arose that such a need should be met, with the result that in connection with hospitals schools of nursing were created and rapidly became an essential in the hospital formation. Unfortunately for the future of these schools, the public was entirely unprepared to comprehend the place of the hospital in the economic values of the community and a lack of money has always been a feature in its management. Indeed, this has been regarded more or less as a virtue peculiar to the hospital. A prominent man in hospital life, one who for years was superintendent of one of the foremost hospitals of another state, once said in my hearing, "There is something wrong with a hospital that is not in debt." Speaking solely from the administrative aspect, possibly this is quite true; it also being true that this condition has been an element that has militated against the best development of schools of nursing. Far be it from any of us to decry the value of the hospital in any respect, much less when it is regarded

as a factor in nurse training, but is it altogether fair to demand or expect a fitness on the part of the nursing body at large to develop a perfect code of ethics when the system under which its members procure their nursing experience has so many ethical shortcomings?

It is quite true that great gains have been made in many respects and are still being made, but could there somehow be injected into the whole question of nurse education, a more coöperative spirit between hospital and nursing representatives, broader ethics in all the affairs of the development of nursing as connected with the hospital, and a disposition to hold the hospital, as well as the nurse, up to its obligations, unquestionably far greater woud be the realization of our aims, namely: the standardization of nursing, and the nurse possessed of standards. Not while the school of nursing has its origin purely in the need of the hospital's obligation to provide a correct nursing care for its patients, will our profession "be permeated by a common ideal."

Codes of ethics never have and never will be developed from necessities met in the easiest and cheapest way. It is only when necessities are dignified by their use as factors in the education and uplift of those who serve that they play other than the part of the taskmaster. There are, however, signs that make for encouragement while also there are those that should cause us to pause and question. Notwithstanding the lack of uniformity in ideals for the education of the nurse in the minds of the public and those interested in hospitals medically, or from the financial and humanitarian standpoint, the nursing profession must not excuse itself from its obligations nor fail to take stock of its failures as well as its successes.

In the early days of the nursing organizations not infrequently was the question of discipline and punishment of offenders in the schools of nursing discussed. Why is so little heard upon these subjects today? Is it not possible that codes of ethics are in progress of development? May it not be true, at least in part, that the time has arrived when conduct and character, rather than rules and blind obedience to the same, are determining the personnel of many schools of nursing? Is it allowing optimism too large a sway when we permit ourselves to believe this?

Little dispute is feared when the statement is made that perhaps our greatest handicap in attaining the best standard is the pressure under which many schools labor in order to keep up quantity rather than quality in their personnel. When the time arrives that our schools of nursing are free from such pressure, then we may hope to see them composed of women who consider (to quote from *Nursing Ethics*),

the nurse's work a ministry. It should represent a consecrated service, performed in the spirit of Christ, who made himself of no account, but went about doing good. The woman who fails to bring this spirit into her nursing service misses the pearl of greatest value that is to be found in it. Nor do such materialists injure themselves alone, for they are the ones who bring upon our profession the criticism, so often heard, that the life is apt to make a woman hard, cold and mercenary. The scientific and educational side is important and should certainly receive its due consideration, but none the less should each nurse see to it that the spirit of love for the work's sake is fostered and developed, in order that we may have a professional code of ethics of an eminently practical and helpful nature. Such, then, are some of the responsibilities and privileges that each graduate assumes. A proper conception of our work carries with it the obligation that each individual nurse, by her actions and by her personal character, should do her part to maintain its dignity untarnished. To bring to it any less than the very best that is in us will cause it to sink in the eyes of the public and bring discredit both upon it and us. Nothing less than this individual high standard and interest will suffice, if we, as trained nurses, hope to finally evolve an organization worthy in all respects to be ranked as a profession.

The inspiration of those words written by Mrs. Robb cannot fail to touch every mind.

We should, however, by no means withhold any possible effort toward securing a code of ethics until we can make our selections as indicated. Too much of opportunity already lies within our power to permit us to hold any but a spirit of hopefulness and effort and employ such factors as can be commanded in securing better and better ideals in the nursing profession.

There are some features in the development of nursing that should be reviewed in a spirit of earnest seeking after light. First, Why is it true that so large a percentage of graduate nurses are reluctant to advocate a nurse training for sister or friend?

Second, Why should we hospital workers find it necessary to contend for the observance of our methods and conditions with the graduate nurse when she comes to us to do special duty?

Third, Why should the work of a special instructor in a school of nursing be set aside by the graduate head nurse?

What but confusion and loss can be expected when, following the work of the expert instructor in the admirably-equipped demonstration room, the probationer finds no coöperation existing between the two classes of instructors? I take the ground that the head nurse in a hospital is an instructor. Is there not a crying need of a code of ethics that will cause the work on the ward to be coöperative with the theoretical teaching?

Fourth, If the whole question of the uniform of the nurse is one surrounded by entirely good reasons for regarding it so peculiarly a

feature in nursing life, why do we find so determined a spirit on the part of some, even many, graduate nurses to degrade it? I refer to wearing it on the street and in places where no nursing use is connected with it, the use of jewelry lace, embroidery, and the resorting to extremes in cuts and materials. The abolition of the allowance to the nurse in training and the supplying of the uniform by the schools would seem to be one step towards securing, in a measure, a better ethical attitude in the matter of the uniform.

Fifth, Why, in all too many instances, is the completion of the term of nurse training regarded as a release, also, why is there found an underlying spirit of resentment toward the regulations under which the nurse has spent the three years? Is the system of nurse training as now known producing nurses of qualities rather than nurses of character? Are we requiring attention to technique and methods far beyond what is reasonable? If all methods and conditions as employed are needful then why are so many nurses going out from these schools so gravely lacking in an ethical nursing sense?

To answer these questions satisfactorily demands a far wiser head than mine, but I trust the raising them before you today may play some part in suggestion, and the spurring to increased effort toward the accomplishment of what all who possess the true nursing spirit have struggled so hard to secure.

I will venture, however, to assert that the lack of unity in purpose and ideals, which is largely due to the absence of recognized common nursing ideals, constitutes the fundamental cause for what has not yet been accomplished in the development of a code of *nursing ethics*.

#### THE DUTIES AND OPPORTUNITIES OF A NURSE IN A COLLEGE INFIRMARY<sup>1</sup>

By IRMA LEE O'MARA, R.N.

*Hattiesburg, Miss.*

To all persons who work among young people, who daily touch lives that are impressionable, is accorded a great privilege. Whatever reforms we advocate, whatever ideals we hold, can only be put into successful operation, by inculcating them into the hearts of the young people of our land. The people who own fine horses in Kentucky recognize this principle; they take a fine colt while it is very young and begin in many ways to train it for its special place. So

<sup>1</sup> Read at the fifth annual meeting of the Mississippi State Association of Graduate Nurses, October 30, 1915.

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we, who come in contact with college students, may put into their lives during this stage of development many things that could not have been taught before and that cannot be instilled later.

To my mind, mental and spiritual development are largely dependent upon physical well being. Then I have found that a trained nurse in a college holds one of the most responsible positions in the school. Hers is the privilege to teach the pupils, by precept and actual practice, the proper care of the body; hers is the privilege of gaining their confidence while ministering to their sufferings and, viewing this situation, who can estimate the good that can be done by a nurse who has in her heart the conception that the body is the temple in which we live and who wins her way into the inmost recesses of the heart and teaches the pupil the proper uses and right treatment of the body. Let those who will, think that the duties of a college nurse would be wearisome or grow monotonous because of the many little things she is called upon to attend, but remember that our lives are made up of the little things, and it takes the little things to make the bigger ones. However, this branch of nursing does not appeal to some nurses as they feel that the work is not big enough. The past year afforded me work in the following: mumps, measles, whooping cough, pneumonia, influenza, grippe, insomina, tonsillitis, hysteria, indigestion, malaria, sprains, fractures, dislocations, burns, wounds, rheumatism, appendicitis, eye and ear infection, and as the nurses' work among the students is to teach them how to acquire and keep health, as well as to care for them when ill, no little work falls upon her if she is alive to and interested in the situation.

I have learned that the work is greatly facilitated by having office hours, when the nurse may be seen for consultation. I have found that the hour before class work begins in the morning, one hour at noon, and one hour after the evening meal seem to fill the need in my work. Of course, emergency calls are attended to at any hour.

The peculiar advantages offered to a nurse in a college are many. The social advantages she enjoys brings her in contact with people who are interested in higher education; thereby filling her with the desire to strive for higher ideals. She has the opportunity of taking up any line of work offered to college students; she may continue her literary studies; she may take up art, home science, music or any other special line of work which would fit her for greater usefulness, but the greatest privilege a college nurse enjoys is that of helping other girls to attain higher ideals, to get higher conceptions of life.

Since my work lies in a girls' school, I would like to be more specific. Many girls come to us who have never worn clothing warm

enough in winter. Some of them are already the victims of so many physical ailments that it is pathetic. Some have never taken proper exercise, some are suffering from adenoids, bad teeth, defective hearing and vision, of which they are entirely unconscious.

By tact, patience, gentleness, kindness, by the winning of their confidence and by being ever on the job, a nurse in a girls' school can do much to better the physical condition and brighten the future of those with whom she comes in contact. Again, some of our students come from homes where there is little idea of sanitation. Most of them have no right conception of the body or high ideals of motherhood, many have been made to believe that they are very nervous or otherwise abnormal. Many of these conditions may be corrected by a nurse who is tactful, kind, competent, firm, cheery and who is endowed with a goodly share of common sense, which after all is the most uncommon sense of all. A nurse who, herself, has the right ideals of life has a peculiar access to the hearts of the pupils and can fill them full to over flowing with all that makes life worth while.

Our Master was and is still the Great Physician. No nurse in a college and no other nurse, in my opinion, can use, and meet her privileges without constant help from Him. He won his way into the hearts and lives of scores of ignorant miserable people and lifted them to a plane of joy and usefulness. So may we, if we walk in His steps. What would this life be if we could not help others and, by aiding others, help ourselves?

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## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

*Collaborators: LILLIAN S. CLAYTON AND ANNA C. JAMMÉ*

In the last issue of the JOURNAL, we tried to outline some of the services which the nurse of the present day is expected to render to the community in which she serves, and the corresponding responsibilities of the training school which undertakes to prepare her for this form of social service. In this issue we will discuss very briefly the means by which the training school endeavors to put the pupil nurse into possession of the necessary knowledge and skill, and to give her the right attitude toward her profession. This is included in the curriculum or course of study which in its broadest sense embraces not only the subjects of study, but the practical experience of the wards, the methods of instruction and discipline, the traditions and spirit of the institution, and all the influences which are brought to bear on the pupil throughout her course.

While all these things cannot be adequately described in the program of a school, it is highly desirable that the information given should be just as full, clear and specific as possible, since it is largely through such sources that the possible student as well as the general public, sizes up the comparative merits of various schools. The institution which overstates its resources, misleads students, or fails to carry out its engagements, will sooner or later lose the confidence of the public and sacrifice the loyalty of its students. Generally speaking the announcement or program of any school should include the aim and character of the school, with some description of the kind of training given; the special facilities available for giving this training, including laboratories, equipment, libraries, staff of instructors, and their qualifications; the standards of admission; fees, allowances, scholarships, etc.; and courses of study.

This last is probably the most important feature of the school. A carelessly-selected, loosely-connected, chaotic assemblage of subjects without any dominating purpose, would handicap the work of any body of teachers, however good, and would result only in confusion and ineffectiveness. The making of the curriculum is really then a problem for most careful and thoughtful study. Although it must be

adapted to the conditions of each particular institution, it would be disastrous to allow all kinds of temporary incidental considerations to dictate its form and content. The number of hours a given doctor can be persuaded to lecture, the convenience of the visiting staff, the activity of special services,—all these and many other things have too frequently been allowed to interfere with the regular and systematic arrangement and carrying out of the nurse's course of study. It will probably be some time yet before training schools will be able to plan their work as they would like and as they must if they hope to get anything like good results, but a great deal can be done even under present conditions, to make the curriculum a much more effective instrument in the training of nurses.

Just at present there is much discussion among educators regarding the use of the ready-made or prescribed curriculum. It is desirable of course in any system of education that there should be a certain acknowledged standard, a certain uniformity in the subjects studied and in the relative time given to each. This is particularly important where, as in nursing, the demands on the graduates are practically the same in all parts of the country, and where the educational standards are on the whole so chaotic. On the other hand it would be extremely unwise to attempt to advise or compel all schools, say in a state, to use *exactly* the same curriculum regardless of their special needs or opportunities. Such a plan would discourage initiative on the part of teachers and superintendents and would result in a mechanized system of education, which would in the end work against progress. Working from a good model or standard, each school should consider its own special problems, improving on the standard wherever possible, experimenting along new lines, adapting and pruning and changing from time to time to meet the changing conditions and demands in the field of nursing. This is the way all progress comes.

In starting to build up a curriculum it is well to block off our time first in regular periods and then to decide the number of hours which will be available for class and lecture work. Assuming that the length of the whole course is three years, we have about eight months in each year in which regular teaching is usually given. This may extend from September to the end of April or from October to the end of May. This academic year (as it is usually called in schools and colleges) may be again divided into two equal terms, or half years, of about 15 to 16 weeks (allowing for vacations). If a school is working on the eight-hour basis, or better, the 54-hour week, it will usually be possible to allow from four to six hours a week for class and lecture work which would include practical demonstrations and quizzes but not study hours.

With the nine-hour day, a good many schools are still putting in four hours a week, often however with a sacrifice of time off-duty, which on general principles should be strongly discouraged. In any case evening work should be eliminated, as far as at all possible, because it has been proven again and again that no educational work worthy of the name can be done with over-tired students in the fag-ends of long days of exacting manual work.

An exception to this schedule should be made in favor of the preliminary course which is now accepted by practically all up-to-date schools and which varies from one to six months in different schools. One term of four months has been found to be none too liberal an allowance of time for the very essential drilling and grounding in the fundamental principles and processes of nursing. During this time it is better for the pupil to spend practically all of the time off the regular ward service, though she will probably be assigned for limited periods to various departments of the hospital for practice and instruction. In many schools they prefer to have her go on the wards about four hours a day, but she is not counted upon as a regular member of the staff till the end of the preparatory term. Not much real preparatory work can be done with longer hours on duty. At least three hours a day, or 15 to 16 hours a week, for theory should be available in this early part of the course with additional time for study, but five hours a day, or 25 to 26 hours a week, which would be possible under the first plan, gives her a much more satisfactory start. In either case it is obvious that an instructor must be provided for this intensive work which includes much drilling in practical procedures, as well as in the foundation sciences. One group follows another till sometimes four groups a year are taken. At the end of the year they all merge into one class.

To return—having made a complete list of all the subjects that would be required in the whole training, it would be well to go over them carefully, noting whether we have provided for all phases of nursing experience for which the training school should be expected to prepare its graduates. On the whole it seems best to accept the established division of subjects, though we will sometimes find some phase of a general subject, which seems to need a distinct place with more time devoted to it, and sometimes we can merge a number of scattered subjects into one strong unified course and thus give the whole greater coherence and dignity. When it seems advisable to take up a subject in two or three places, it is wise to give each course a distinguishing title. It is customary in most schools and colleges to number courses and to assign credit on the basis of the hours spent in class, lecture or laboratory work. A very simple and well-known

method is to allow one point of credit for 15 hours of theoretical work or 30 hours of laboratory work. By arranging our courses in units of 5 or 15 this can be easily computed if we wish. It is more difficult to agree on the value of the practical work in the wards.

The subjects that will be generally agreed upon are about as follows: Anatomy and Physiology, Bacteriology, Hygiene and Sanitation, Household Economy, Dietetics (which includes Cookery and Nutrition), Materia Medica, Massage, Pathology (including Urinalysis), General Medicine, with its branches of Pediatrics, Infectious Diseases and Nervous and Mental Diseases, General Surgery, with its branches of Gynecology, Orthopedics, Bandaging and Operating-Room Technic; Obstetrics; Diseases of the Eye, Ear, Nose and Throat; Diseases of the Skin; Venereal Diseases; History and Ethics of Nursing and Professional Problems. Many schools are now including Chemistry and Physics and some a much needed course in Social Problems, while a few include special branches such as Public Health Nursing.

Next we have to consider the arrangement of these courses in the different years, and this is a very vital matter. It is a principle of good teaching that the theory and practice should be kept as close together as possible, so that the theory will make the practice safe and intelligible, and the experiences and problems arising in the practice will vitalize the theory and make it interesting. This is very difficult to arrange in any school, but particularly in such a school as ours. The very nature of our work is such that we ought to take no risks of the nurse finding out in a class in her second year, how she might have prevented a fatal mistake on night duty in her first year. As much preparation as possible must come *before* the vital need arises, but there are undoubtedly some phases of every subject which will be much better understood and appreciated when one has had a good background of experience to build on. In general we would say that the basic sciences on which the others are built, should come first, preferably before any responsible duties are assigned, and each important phase of duty as it arises should be accompanied or preceded by, the course dealing with that branch. Some over-lapping is inevitable, and indeed it is desirable that important subjects should be approached from different angles, and that all the subjects should be woven together and reinforce one another.

Speaking generally, one would put in the preliminary course the general sciences, such as Anatomy and Physiology, Bacteriology, Chemistry, and the Practice of Nursing (including the simpler bandaging and charting). Hospital Housekeeping, and Cooking and Nutrition, which should precede Dietetics proper, can also be very well

real work units of difficult to follows: , House- trition), General cases and nches of Techinic; es of the fessional Physics include s in the of good together l intelligence will difficult rs. The s of the ht have as much ut there h better round of sciences ore any duty as ng with is desir- t angles, orce one course the eriology, r band- l Nutri- ery well studied before the pupil has much experience with sick people. Solutions need to have much time, and can be taught in the laboratory with some elementary knowledge of drugs early in the course. Hygiene is needed early, also, for the protection of the nurse's own health as well as that of her patient. In addition the pupil should have such inspiration and help in getting into the spirit and aims of her new task as can be gained from the study of the elements of Nursing History and Ethics. Some of those may go beyond the preliminary term, but the bulk of the work should be covered before responsible duties are assigned the pupil. As soon as she is accepted and is handling sick people and giving treatments, she will want to know something about disease processes in general, the observation of symptoms and disease phenomena. There seems a distinct enough body of knowledge here to make a separate subject, and several schools are introducing an early course in Pathology, which prepares the way for medicine and surgery and gives special attention to the observation and examination of abnormal secretions and excretions such as feces, vomitus, urine, etc. With Pathology there might well be included a brief survey of the commoner disease conditions which the nurse meets every day in the wards. She will certainly need this and some Materia Medica for her first night duty. There seems no good reason why Massage should be deferred to the final year, since it consists largely in the acquisition of a certain dexterity of hand and needs only Anatomy and Physiology as a basis. Many schools are putting it earlier, even in the preliminary course. It is usually considered unwise to teach the more advanced nursing procedures before the pupil has become thoroughly proficient in the elementary ones and knows more about disease. The course in practical nursing will therefore be continued throughout the first eight months, and will complete all the ordinary nursing procedures common to all classes of patients and conditions of disease.

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#### TOO LATE FOR CLASSIFICATION

**Georgia:** The annual examinations of the State Board of Examiners of Nurses for Georgia will be held in Atlanta, Augusta and Savannah on April 4, 5 and 6, 1916. Applications should be on file with the secretary one month in advance of these dates. Address Jane Van De Vrede, 801 Price Street, Savannah.

## NARRATIVES FROM THE WAR

IN CHARGE OF  
ELISABETH ROBINSON SCOVIL

Miss Helen Page, a nurse from Forrest, Ontario, serving with the British Red Cross, has been taken prisoner by the Austrians near Belgrade. She was dispensing druggist at an allied hospital when the place was seized by Austrian troops and the entire staff made prisoners.

An English paper states that when the hospital ship *Anglia* was sunk in the English Channel the nurses refused to leave their patients, to seek safety in the life boats. "No, Tommy," said one, when a crippled soldier urged her to get into a boat, "it's fighting men first." Only one nurse is officially reported lost.

Lady Arthur Paget has appealed to America to aid her in securing an island where a colony for Serbian orphan children might be established. She says if the Serbian race is to be saved something must be done immediately to protect the thousands of orphaned babies and children.

Women have received high praise in the English parliament for their work in munition factories. They are making shells, fuses, and parts of shells, earning money at piece work rates, which was the envy of some of the men.

It is estimated that there are twenty miles of trenches to every mile of front, so that between Switzerland and the North Sea, the British and French armies have at least 10,000 miles of trenches to guard and keep in order.

In the Capuchin church at Innsbruck there are twenty-eight large bronze statues of the Emperor Maximilian and his hypothetical ancestors, including King Arthur of England, which is the finest German statue of the early sixteenth century, and of various Austrian archdukes. These are to be used for making guns.

The war has stimulated the generosity of all classes of the people. In Great Britain alone \$125,000,000 has been raised by the various patriotic funds. Seven million pennies were collected by the Red Cross, and one person gave \$125,000 for the same work. Canada collected in one province, Ontario, \$1,000,000 for the British Red Cross. Australia has given \$5 for each one of her population. The United States has given largely to all forms of relief work.

The Queen Mother Alexandria of England takes special interest in the work of the soldiers' canteens which furnish coffee and sandwiches free to all men in uniform, at the principal London railway stations. She has several times taken a turn at the coffee urn, serving for an hour and a half with the other voluntary workers. She is over seventy years old.

A correspondent at Salonika says the Turks fight like gentlemen. This is the testimony of every English officer and soldier who has been in the Dardanelles and at Gallipoli.

The Sidj Jeassu, the young emperor of Abyssinia, has offered two hundred thousand soldiers to the Entente Allies to be used as military necessities demand.

The German Order of the Iron Cross of which so much has been heard in this war, was instituted March 10, 1813, by Frederich William III for peculiar military or civil distinction in the war then in progress. It is of cast iron with silver mounting. The upper arm contains the initials F. W. with a crown, in the middle are three oak leaves, below which is 1813. It is worn at the buttonhole, suspended by a black ribbon with white borders when given as a military distinction, or a white ribbon with black borders when bestowed for civil merit. Those given during this war have the initial W, and the date 1914.

A Belgian lady, exiled in France, writing to a friend in Manchester, England, says:

I knew Miss Cavell very well. She was such an interesting person and beloved by all who knew her. She was clever and capable as a man with a woman's heart. I have been so often in her nursing home in the Rue de la Culture. She was adored by all her patients. I know many English girls who were tended there in illnesses, or operations, being without relatives in a foreign land. Every evening she would come and sit near their bedsides and talk to them in a motherly fashion. My own little girls used to visit the hospital to see two little friends who had been operated upon for appendicitis, and were very fond of her.

General Moskopoulos of Greece is a specialist in taking mountains. If Greece enters the war he will be most useful to the European commanders in showing them how to get over pathless peaks. He has not the appearance of a rugged mountaineer, being a dandified, agreeable, talkative little man with upturned, waxed, blonde moustache, gold wrist watch, and half a dozen heavy rings on his fingers.

There are 500,000 beds in the military and auxiliary hospitals in France. These are maintained at a cost of \$200,000 a day. It is estimated that more than a million wounded have been cared for thus far in France.

## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman National Committee on Red Cross Nursing Service*

EXPERIENCES OF UNIT K. AT VIENNA, AUSTRIA<sup>1</sup>

BY LYDA W. ANDERSON, R.N.

A year's work as a Red Cross nurse in Europe during its grim and tremendous war had its hardships, its problems, its disappointments, but no less its gratifications, in incomparably interesting experience, and compensations, likely to be realized more in the future than just now.

The work of the American Mission in Vienna represents very much the work of other units in other countries except, perhaps, Belgium and Servia where the conditions were more grave.

Crossing the border of Austria at midnight, a message reached us assuring us of a welcome and of the deep appreciation of the Austrian government, which was unmistakably manifested to us when we reached their city. The Austrian Red Cross is a strong, well organized association, financially well supported. We were welcomed by its representative at the station, also by Mrs. von Schneller, who remained the Austrian Red Cross representative at our hospital during our entire stay; Mr. Hinckle of the American Embassy; a group of nurses, and a station full of the Vienna populace, those who had not reached the station, bordering the streets as we rode through. After the welcoming speech of Count Traun, the nurses were taken to the *Roten Kreuz Schwester Heim* where we were entertained until our hospital was ready. Why we should not clean and prepare our hospital, since we had come to work, I couldn't see, but the kindly, courteous Austrians could not countenance their American guests being received into an unfinished, unprepared house.

My stay at the nurses' home revealed to me many interesting points in regard to Austrian schools for nurses. Three or four of the leading schools are very much alive to their needs and some progressive steps have been realized since my last visit there four years ago. Though

<sup>1</sup> Condensed from the paper read at the eleventh annual meeting of The American Red Cross, Washington, D. C., December 8, 1915.

they are still struggling with what are to the American schools long-forgotten primitive problems, such as the need of theoretical teaching; systematic training under supervision in hospital wards; the needs of consecutive hours of work and consecutive hours of rest, rather than a continuous twenty-four hour service periodically, the superintendents feel that more superior young women are entering the schools and that the next few years will bring encouraging results. I wonder if there were a single American nurse who, when she left Europe, was not gratefully conscious of her blessings, first as an American woman enjoying privileges and advantages above women of any other country, and secondly as an American nurse, realizing through her thorough and systematic training school, recognition as a professional woman of ability.

The hospitals in Vienna reserved for military use were of two kinds, those under the Kaiser's special patronage, *Kaiserliche und Konigliche Reserve Spital* and those managed by hospital associations, *Vereine Spital*. Every available public building was utilized as a military hospital, and regular hospitals, excepting a few small private institutions, were given over for military use. The *Algemeine Krankenhaus*, a hospital of about six thousand beds, was almost exclusively reserved for the wounded. Our hospital was known as the *K. u. K. Reserve Spital No. 8* and as the American Mission. It was a new cement school building with good plumbing and water supply and lent itself very well to hospital use. We had none of the crude, unorganized unsanitary conditions to deal with that one expects in emergency work. The coming in of the transports gave us the most strenuous work. The railroad stations where the wounded were first received were all under military organization. A corps of volunteer Red Cross workers were in service night and day at these stations; these workers were investigated and accepted at the Red Cross headquarters, upon application. Some had received a six weeks' course in first aid, but those without any special training were received as well. Might I suggest that a branch of Red Cross relief work needing most careful, rather, special organization is the body of volunteer untrained workers? Transports of from one hundred to one thousand wounded would arrive at one station during the night, the patients were fed, urgent needs looked after, classified according to seriousness of condition, and distributed according to this classification to the various hospitals of the city. Transports for our hospital were announced three or four hours before. The gymnasium of the school, situated on the ground floor and opening out into the court, was used as a receiving room. From thirty to one hundred men were received at one time. They were first given

food: hot soup, hot cereal, bread, a small glass of cognac, and the indispensable cigarette. Thousands of cigarettes were consumed daily and such a comfort as these were to the soldier! They were not the injurious cigarettes we preach against, but were prepared from a mild tobacco by the workers in the hospital. Then the cleaning process began. The head was first shaven; soldiers doing their military service on duty at the hospital attended to the undressing. The clothing was immediately dropped into a sack ready for sterilization; men doing this work were protected by linen suits completely covering the body, head and all, similar to a diver's garb.

The wounded were afterwards smeared with a disinfecting salve, robed in a sheet and sent to the next room which had been equipped for bathing, and the scrubbing they received here they will long remember, neither will the nurses forget it soon. Many had not had their clothes off for six, seven and eight months or even had their faces washed in this time. Frozen feet were one of the most lamentable conditions we had to meet. During the campaign in Galicia last winter few escaped and it almost always meant amputation, conditions were so advanced. After the bath they were registered, their wounds dressed, and they were put to bed. We had good, comfortable beds supplied with hair mattresses, linen and warm blankets. To this comfort the poor man succumbed, fell asleep and, unless he had some pain, slept incessantly the first few days in the hospital from sheer exhaustion. To be free from the vermin, with which they were almost always infested to a greater or less degree (they had often rubbed their bodies to a bleeding point) was in itself the greatest relief. The warm furry garments on the dead bodies of the Russian soldiers found on the field were a temptation to the Austrian marching in the cold; but he utilized these to his intense regret, they were invariably alive with vermin. Thousands of crates of germicidal salve, put up in individual tin boxes, were sent from Vienna to the trenches and soldiers begged more for these than for clothes.

The soldiers' diet in the hospital, but for the want of white flour for good wholesome bread, was plentiful and nourishing. The husbandry of food stuffs was more carefully considered as time went on. Bread was issued at bakeries, restaurants and hotels only upon presentation of bread cards. These cards allowed one a week's supply. Flour was obtained in the same way. This law was rigidly enforced. On Tuesdays and Fridays no meat could be purchased. Cream could not be taken from the milk. Peasants harboring their crop of meal were all required to give it in to the general supply for common distribution. Bread lines formed, extending the whole length of the

block, forenoon and afternoon, at the several hundred stations in the city, people waiting hours for their allotment of bread. This was a heavy, black bread made from potato flour, principally, and could be prepared so as to be quite palatable, but when made very cheaply was heavy, black and soggy. Foodstuffs had more than trebled in price during our year in Vienna. With all these depressing, disheartening conditions, suggesting more serious times to come, the poor, whom "they have always with them," much poorer, and remembering that there is hardly a family which is not mourning some relative who has fallen, or not been heard of for months, the general atmosphere of Vienna, as well as of the larger cities of Germany—Berlin, Dresden, Munich, is to the casual observer unchanged. Cafés, theaters, public amusement halls are encouraged to promote the good spirits of the people. The buoyancy of the Austrian people does not permit long depression.

Our hospital accommodated three hundred and fifty patients and was almost always fully occupied. The Austrian soldier was a most appreciative, courteous, obedient patient, far superior to the same class of patients in our own public hospitals. The American nurse will never forget this "game" crowd of men, nor question for a moment if it was worth her while to go over to nurse them when she thinks of their heroism, and remembers their sincere, tear-compelling words of gratitude for her services. The saddest time in our hospital was when these men marched out in their crumpled uniforms, a little weak and unsteady, but "fit" for further field service according to the hospital surgeon, brave and uncomplaining. The Austrian soldier accepts the war submissively, as the inevitable, never questioning for what he is fighting, or whether the sacrifice of his precious life is adding to the glory of his country or is fulfilling anything of value to the world. Seeing troop after troop of the best men of the country, as fine as the world has to offer, talented, men of great minds, marching out daily, few to return, and these few maimed and useless citizens, one wondered that it did not stir anarchistic feelings. Nursing the men back to their normal life of usefulness would have given one a joyful satisfaction, but to know that they were made well in order to go out and possibly be destroyed the first day, and the uselessness of it all, one could not permit oneself to think about!

We had about nine different languages to contend with among the patients of our hospital. The German-speaking Austrian, rather the most intelligent of the Austrian subjects, was in the majority, though the Czechs, Bohemians, Bosnians, Hungarians, Poles, Ruthenians, Italians (South Tyrol), etc., were a little more than one-third of our

number and spoke only the one language. This, however, caused no especial difficulty with us, and they recovered, regardless of it.

Russian prisoners in Austria were very humanely treated. Those not wounded, put to work, labored under better conditions than they had in their own country. The wounded were cared for equally with the Austrians. They, nevertheless, always seemed haunted with fear and apprehension, looking upon all foreigners as their enemies, and accepting all hospital treatment with suspicion, expecting it to be some new form of punishment. Linguists who were willing to act as interpreters, speaking the several languages of the Austrian subjects as well as Russian, were a great comfort to the patients and were most useful to the physicians and nurses.

English and Russian subjects interned in Vienna were given almost perfect freedom to pursue their various occupations and interests so long as they remained law-abiding; the only injunction they were under being to report to the police once a week, giving an account of their goings and comings.

In September, two boxes of supplies came directly to our hospital from America: one from the Pasadena Chapter of the American Red Cross, with surgical supplies prepared ready for sterilization; and one from Mrs. Whitehouse of Manchester, Massachusetts, of rubber goods, underwear, linen, etc., all most acceptable. Both boxes had been undisturbed but had been since the first of April on the way. Supplies of all kinds so much wanted last winter will be much more needed this winter. Some months back they issued a call in Vienna for all the old linen to be used, when frayed into ravelings, as a substitute for absorbent cotton. Housewives were required to give up all copper and brass utensils to be melted and sent to ammunition factories. Some splendid heirlooms, beautiful Russian samovars, oriental urns, etc., were sacrificed. An especially designed iron finger ring worn by anyone signified that this person had thrown a jewel into the coffer and accepted this war decoration instead. Though the needs are yet not calamitous, supplies of all kinds can be used; socks, handkerchiefs, a good leather bedroom slipper for the convalescents in the hospitals, money to be expended for such small luxuries as cigarettes, tobacco, letter paper, postal cards, pencils, pipes.

The intense hatred of England frequently occasioned embarrassment to anyone speaking the English language. The American nurses and doctors were often accosted in public conveyances and told that *nur Deutsch ist erlobt*. These protests did not represent the attitude of the Austrian people generally, but were the expression of a few extremists who held a mistaken idea of patriotism. On a short railway

journey out of Vienna, accompanied by a young Austrian woman, I exchanged with her a few commonplace remarks in English. We were seated in a compartment with four other passengers and all at once found ourselves alone, each one as he left expressing himself most vehemently against anyone speaking this odious language, *unverschämt sein*. Apologies and explanations came to us from the Austrian Red Cross through the Vienna papers with the advice that we always wear the American Red Cross brassards; but this proved later a doubtful protection for, with the feeling becoming quite universal that our country was not neutral, that but for the ammunition furnished the enemies by America the war would long since have ended, and this they firmly believe. It was hard for the common people to distinguish between their open enemies, the English, and their "Machiavelian" neighbor, America.

Of the thoroughness of any system instituted by the German government, there can be no question left in the minds of travelers who have crossed her border the last few weeks. The only thing one can think of, after one has been examined by them, which they might have done, but didn't do, was to apply the X-ray, in order that anything invisible to the naked eye might not escape them. That you have a passport signed and viséed by the governments prescribed, proving you an American citizen on a peaceful and legitimate business, that you are a Red Cross nurse, as proven by "Legitimation" cards, who has given voluntary service to their wounded for a whole year, and who has been decorated for this service by their own government means nothing to the *Revisions Offizier*. The regulations except no one. Your clothes are removed and every garment is examined, for was not one woman just the day before, who had come in with a, presumably, broken arm, found with papers concealed in her bandages? Your body is examined, for in the week past a woman was found with her back tatooed, showing the plan of the army. The soles of your feet are scraped; there is a possibility of papers being plastered there by adhesive. Your toothpaste is squeezed out of the tube, your candy pieces are broken, powder boxes are emptied, etc. You feel when you are through that your very soul has been ransacked, that they know your very thoughts. All papers, books, printed and written matter is held over for more careful reading and is mailed to you later, if you leave the money for postage. If you remain in any German city longer than is necessary to change trains, you are required to report to the police department when you arrive and when you leave, giving a short sketch of your life each time, assuring them of your legitimate business and leaving your finger print. Any war souvenir such as bullets

or anything used in the field by the soldier, maps, diaries, etc., they retain, giving you the promise that they will be sent you after the war. For the civilian they have no regard; he is a trouble to them in their serious business of war.

The effectiveness of the Red Cross organizations in the present war is unquestionable. Every European nation fighting today has an efficient Red Cross society of its own which was mobilized with the army; and this war which is believably barbarous has, on the other hand, been made unbelievably humanitarian by the work of the Red Cross. Its members are at hand on the battle field as soon as the fighting has ceased, skilfully and quickly recovering the wounded before they are barely conscious of their wounds. The men are so promptly cared for that unless the damage calls for a capital operation, they are back in the firing line within a couple of weeks.

From what I could learn, each nation's Red Cross has a somewhat different standing. Russia's society is acknowledged as the most efficient and best organized. Her nurses enrolled become an established sisterhood and are permitted more freedom than Red Cross workers of other nations. Germany's society is absolutely under military control and is more restrained. France is organized more on the plan of the American society, enrolling first all the best-trained nurses. Austria has a good organization but probably wants more efficient and trained workers. Each country's Red Cross will, no doubt, strengthen the weak points of its society after the war, for the "unpreparedness" of this organization is quite equal in importance to the "preparedness" of its army and navy.

On September 29, the American flag was removed from the hospital of the American Mission in Vienna. The hospital remained in operation as the *K. u. K. Reserve Spital No. 8*, Austrian doctors and nurses substituting the Americans. Frieher von Beck, vice-president of the Austrian Red Cross, in a fitting speech, bade farewell to the Mission, saying:

This war is crushing the old-world culture, shattering the noble ideals of the people; it is the shipwreck of civilization. You, with your banner of Neutrality and Humanity, represent the only humanizing element of this war, and we thank you for this. We join those whom you have healed here in thanks for munificent services.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF  
EDNA L. FOLEY, R.N.

*Collaborators:* BESSIE B. RANDALL, R.N., AND ELEANOR JONES, R.N.

*IOWA:* *Clinton, Iowa*, is doubtless to have a second Visiting Nurse. The work of the first nurse, Elsa Tanke (Agatha Hospital, Clinton), has grown so heavy that one nurse cannot handle it. The work in Clinton is of particular interest to visiting nurses in small towns because, although Miss Tanke is under municipal supervision and reports to the Health Commissioner and the City Council, her salary and expenses are paid from private funds. All her bills and special requests are acted upon by the City Council. She does general visiting nursing in the homes and until her work became too heavy, was also the local school nurse.

*WASHINGTON, D. C.:* *The Instructive District Nursing Association* of Washington, D. C., has prepared a small exhibit for the Pan-American Congress. Several tiny rooms showing sick rooms before and after a visiting nurse enters them, and also showing the nurse giving care to a mother and baby, to a case of pneumonia, and to other patients, have been carefully worked out. The Board of Directors and the Superintendent worked very hard to get this exhibit ready. Very little of the explaining is done by printed signs, as so many of the delegates to this Congress do not speak English. A representative of the Spanish embassy assisted, however, in making the Spanish signs, and the few directions which decorate the exhibit are in both Spanish and English.

*ILLINOIS:* *The Relief and Aid Society of Winnetka* has supported a community nurse, with the help of the village council, since 1912. At first the village council gave \$300 a year towards the expenses of this nurse but this past year it has voted \$600. Mary Garretson (Mary Thompson Hospital, Chicago), is the community nurse. At first she covered the village of Winnetka and its suburbs, but recently Glencoe, a nearby suburb, has put in its own nurse, Mrs. Carpenter (St. Luke's Hospital, Chicago).

Juanita Read (Illinois Training School, Chicago), has joined Effie Parker (Bethesda Hospital, St. Louis), as assistant Visiting Nurse in Peoria, Ill. Miss Parker has been in Peoria for over a year, having gone there from the Red Cross Town and Country Nursing Service.

Louise Volkman (Frances Willard Hospital, Chicago), has resigned from the staff of the Chicago Visiting Nurse Association, to be married.

Pauline Keuhler (Presbyterian Hospital, Chicago), has resigned from the staff of the Chicago Visiting Nurse Association to accept the position of community nurse in Whiting, Ind.

Mrs. Josephine Joakitis (Hanover Hospital, Milwaukee, Wis.), has resigned from the staff of the Visiting Nurse Association of Chicago, after seven years' service, to accept a position as special industrial nurse for the Illinois Steel Works in Gary, Ind.

The Chicago Visiting Nurses gave a Christmas party at the Nurses' Club on December 18, in order that they might get acquainted with each other, for the staff has grown so large that the nurses are afraid of losing the intimate touch that has always been one of the characteristics of the staff of the Association. At this party the nurses packed a huge barrel full of books, magazines and toys for the community nurse, Rose M. Ehrenfeld, of Hindman County, Ky., in order that the little children in Kentucky might share some of the joys of Christmas that most of the children in Chicago know so well. This party was particularly enlivened by games which made the most dignified unbend, and also by character dances in costume by a Russian nurse, a Danish nurse, and a Scotch nurse.

Thanks to the grippe epidemic which is raging through Chicago at present, the staff of the Visiting Nurse Association now numbers eighty-one nurses and is daily increasing. Mary Pritchard (Henrotin Hospital, Chicago) was loaned by the Association for one month to East Chicago, Ind., where a serious measles epidemic threatened to close the schools. During a similar epidemic of infectious diseases in Chicago, Miss Pritchard was one of a staff of five special contagious nurses, and therefore was especially well qualified to help out in East Chicago.

The four months' post-graduate course in Public Health Nursing offered by the Chicago School of Civics and Philanthropy, opened January 3, with sixteen nurses in attendance. Winnipeg, Ontario, Wisconsin, Illinois, Indiana, Kentucky, Ohio, Kansas, Iowa, and Nebraska are represented in this group. The special lectures in public health nursing are to be given by the five superintendents of public health nursing organizations in the city: Helen W. Kelly of the School Nurses; Minnie H. Ahrens of the Infant Welfare Society; Rosalind Mackay of the Tuberculosis Nurses; Elnora Thomson of the Mental Hygiene Society; Edna L. Foley of the Visiting Nurse Association. The lecture on Industrial Visiting Nursing is to be given by Eva Andersen, special visiting nurse for the Illinois Steel Company of Chicago.

The work has been so arranged that two mornings a week are devoted to lecture work, one morning to an inspection visit, three half-days to study periods, and three entire days to observation and practice work with the different public health organizations in the city. The work was planned in this way at the request of the Public Health Nursing Committee, which thought that whole-day time would, in the long run, prove more helpful to the students than part time. The course promises to be a very successful one and we hope that it will become an established institution.

**NATIONAL:** A nation-wide Baby Week has been called in the month of March by the Children's Bureau. Printed material enabling nursing organizations and women's clubs to make this Baby Week a success in their own communities can be obtained from the Children's Bureau; but every public health nurse in the country can add her mite to its success by beginning now to read the two pamphlets on "Prenatal Care" and "Infant Care" written for and given free of charge by the Children's Bureau, Washington. After these pamphlets have been read and digested, a nurse simply can not help passing the information on to all the young mothers of her acquaintance. Knowledge of baby welfare and work with babies is never without its usefulness. An American nurse serving with an English unit, "somewhere in France," recently wrote to a nurse in Chicago that the little French village in which she was stationed needed infant welfare about as badly as any place she had ever entered, and that she and the other nurses were going to start a baby conference in their off hours, as soon as they could master enough French to make the mothers understand them.

The City of Chicago Department of Public Welfare has recently issued a Social Service Directory which nearly all of the public health nurses of the city helped to compile. Social workers used to think that such a directory could not be compiled without a great deal of expense, for both the collection of the material and the printing of the same, but this is a small, two hundred and fifty page, paper-covered book which gives sufficient and useful information about nearly every social or semi-social agency in this big city, and it is of inestimable help to the busy worker who does not know where to send a mother who applies for medical aid or a man who wants work.

Although Chicago had just as busy a Christmas season this year as ever before, it was a tremendous help to public health nurses to realize that almost all of their men had found work and that nearly all of their families were at least warmed and fed. A family without work in Chicago today is an unusual one. A year ago, visiting nurses dreaded to go into their homes, for not a day passed but some necessary part

of an already very scanty income was cut off because the person earning that income had lost his work. The aftermath of unemployment is, of course, indebtedness, mal-nutrition, and bad health; but conditions this year are, in many ways, a decided improvement over those of a year ago.

**MONTHLY REPORTS:** The Visiting Nurse Association of Chicago, this year, in common with many other associations, is to collect all its statistics from its group of dismissed patients. Heretofore new patients have been very carefully analysed. This has been unsatisfactory, for frequently patients taken on the books just before the month closed had no attending physicians, were not diagnosed, and sometimes could not be analysed correctly by age or birthplace. Hereafter, the analysis will be made of dismissed patients only, consequently for monthly and annual statistics we will doubtless know as much about the patients as we are ever going to know, and our figures will be far more satisfactory. This method has been followed for some years at the Henry Street Nurses' Settlement, New York, and is also used by the Metropolitan Life Insurance Company in compiling its statistics.

**THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING:** The executive secretary, Ella Phillips Crandall, recently spoke in Terre Haute, Ind., where the organization of a Visiting Nurse Association and the employment of a community nurse is being discussed. She also spoke in Detroit, Mich. During the latter part of January and February she expects to make a tour through the southern states.

**NOTICE TO PUBLIC HEALTH NURSES:** We have learned that there is a misapprehension in the minds of many nurses that unless they are actually engaged in public health nursing in one way or another they are not eligible to membership in the National Organization for Public Health Nursing. While this was a condition of membership when the association was organized, it was repealed within the first six months, because it became immediately obvious that nothing could be more contradictory than to rule out those who might have been public health nurses at one time but for one reason or another had been obliged to return to other fields of work, or to eliminate superintendents of training schools to whom we must forever look for our supply of public health nurses.

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

In considering the outlook for hospital work in the coming year, one is prone to question the signs of promise. Have the American hospitals reached such a high degree of development that administrators can afford to sit supinely by, awaiting an order in the shape of an epidemic or catastrophe for increased efficiency, or shall there be such a close and continuous study of hospital problems that it shall be really an applied science that shall enable its students to foresee needs and means of meeting them before they reach the stage of demands?

It has come to pass within the last twenty-five years that women have taken rank as hospital superintendents. Their success has been due in great measure to their constancy and ability to concentrate upon details, added to their preparedness for the work undertaken. Since so many of our present day institutions are superintended by women nurses it is fitting that our own *AMERICAN JOURNAL OF NURSING* should have a department devoted wholly to hospital administration. The department can be made useful and interesting by the combined effort of hospital superintendents and *JOURNAL* editors, therefore it is hoped that each superintendent of a hospital will be willing to transmit any items regarding new forms of work, newly discovered economies of work and time and whatever else of like import that may be of benefit to *JOURNAL* readers. If a superintendent in a remote part of the country could avail herself of the privilege of visiting other institutions, this department might not be so essential, but her very remoteness precludes the possibility of such advantages and the information must be tendered her in a more attainable form.

There must be much of interest to be gathered and forwarded concerning the construction of new hospitals or new additions to old ones. The average superintendent is called upon at some time in her working life to assist in formulating plans for new buildings, hence any information which she can secure will be most helpful. It rarely occurs that a new building is beyond criticism and who is so well fitted to criticise as the woman who manages the work done therein! The remark, "this building was planned and constructed without the aid of a woman," is not infrequently heard and evidences of its justice are

clearly noted in the absence of the most ordinary conveniences as well as in the presence of those conditions which tend to increase labor rather than conform to the demand of the times and promote its economy. Again, a new building may have features that are most desirable and worthy of imitation elsewhere and, for the sake of any hospital contemplating changes, they should be described and the description sent broadcast. Therefore the discussion of this one topic should be productive of much assistance.

The older hospital buildings are replete in conditions which tend to the duplication of work. Some of these are the result of changes due to the differences in the necessary care of hospital patients today. For instance, twenty-five years ago nurses were not required to boil or sterilize the ward instruments for the surgeon when he came to do the morning dressings; today such requirements are strict and must be met, even when the instruments must be boiled in the serving room in the midst of serving the patients' dinners. Diets and instruments appear in such close proximity that the appetites of the patients would doubtless disappear if they were apprised of the fact. How is this condition met? There must be inventive minds that have discovered ways to remedy such a condition. Perhaps one has done so by the employment of an appliance of her own invention, possibly by the use of a most unpretentious contrivance that she found on the market. By reason of their very simplicity such methods and devices will be passed over by the users as "not worth the telling," when in reality they are just what some earnest worker is seeking and sending word of them to the hospital department of the JOURNAL will be conferring a distinct blessing upon some one.

By way of digression it may be said that hospital workers and especially nurses are too reticent regarding accomplishments, too prone to consider as "nothing" that which is of real moment, and they very often let slip those golden opportunities which came their way but once. If this department can be the means of overcoming this tendency in nurses it shall not have existed in vain. It is not looking wholly for that which is new, not for methods that are eloquent, but for facts and useful knowledge, however expressed, if timely.

Hospitals should be models of sanitation and great improvements have been made in this respect, as may be proved, for instance, if one considers the methods of caring for floors twenty-five years ago and compares it with the modern way. There must be many who can recall the scrubbers' brigade that bore down upon the hospital ward at the most inconvenient hour in those days and proceeded to "lay the dust" by such a copious application of soap and water that floors and

underpinning were alike saturated and the ward was left reeking with the fumes of strong soap. Floors were made rough and moist and became a fallow field for the propagation of any germs already in the ward or that might be brought in by the chance visitor.

Today it is thought that floors are best if made of some non-absorbent material, but what are the non-absorbents and how are they cared for? Of the different kinds, which are the best, and, all things considered, the cheapest? It is true that architects and others can recommend "good floors" but how have they proved their goodness and practical use? What proportion of nurses have contracted flat-foot by walking upon them for eight to thirteen hours per day? Verily the discussion of floors should be a productive one and there must be many who are eminently qualified by experience to lead it and carry it on.

Training schools for nurses are giving much attention to the housing, feeding, relieving and otherwise caring for graduate nurses that come to the hospital to act as specials for patients needing or wishing particular care. It has become the general belief among certain patients and their physicians that a very ill patient should be cared for by a nurse who gives him her undivided attention. This custom has brought into practice the employment, by hospitals, of very many graduate nurses. The growth of the custom was so rapid and its increase so steady that to many hospitals it was in the nature of an emergency which they were unprepared to meet. It is right that the schools of nursing should be interested in solving the problem, but the hospital has in this question a very distinct duty which it will do well to consider, keeping in mind the best interests of patient, nurse and hospital. There must be hospitals that have evolved some good scheme for meeting this changed condition in hospital and training school administration and it must also be true that they would be willing to set it forth in the pages of this department of the JOURNAL. Happy that hospital which has among its managers and trustees those who can sympathize with the graduate nurse in this comparatively new situation, new at least in regard to its permanency, and who are willing to exercise their powers for improving it.

How far shall the hospital of any community be considered the health centre of that community? It is easy to conceive an increased usefulness for the institution willing to occupy such a position. A good deal is heard about public schools being social centres, even in the most remote places with a widely scattered population, and if schools are to be social centres then why may not hospitals be health centres? By this, is meant the centralization within the hospital of those agencies

which do much to promote the public health and welfare. Rarely, if ever, will it be the headquarters of the board of health, but it can work in such harmony and sympathy with the health officials that the one may augment the efforts of the other.

There are ways in which the hospital may be the health centre. For instance, if there is to be social service within the community, let it emanate from the hospital. If the hospital is one of the so-called smaller ones, serving a community of like proportions, let the district or visiting nursing be done from there and let the hospital keep in close touch with the school nurse and her work, rendering her such aid as will enable it to take rank as an important factor in her success. Has this been worked out anywhere? How? When? Will not some one give information to the department regarding it?

If the subject has not yet received consideration, would it not seem wise and timely that it should? If by such means the scope and usefulness of the hospital should be increased, can it be omitted with safety in these days of stress and advocacy of preparedness? Whatever adds to usefulness adds to strength, and additional strength means preparation for the future. A few hospitals have shown their willingness to be thus considered as may be witnessed by that institution which has given space and opportunity for hundreds of women to assemble and prepare dressings and other necessities incurred by the European war; or those less pretentious institutions that assist smaller bodies in the same way for the same purpose.

That old use of the hospital in preventing and treating epidemics continues to be an interesting study and could be made to yield much of interest to every hospital worker.

In the administration of the commercial business of the hospital, many unsolved problems remain. How many have decided upon a satisfactory course regarding the cases that come under the Employers' Liability Act or the Employers' Insurance or the State Charities? How many hospitals are absolutely sure that they and all their representatives understand and keep all the laws of the land? What can be said of the laws regarding "ophthalmia neonatorum," their necessity, the strictness with they are obeyed and some of the results which have followed? Have all hospitals kept the law with regard to the purchase of untaxed alcohol or have they suffered in consequence of laxness and failure to understand? Is the later and more difficult Harrison Law understood and obeyed?

The enumeration of topics of interest might continue *ad infinitum* but these are sufficient to point out the possibilities for the development of this department.

It now remains to secure the coöperation of hospital superintendents, who are an exceedingly busy class but who are learning that the old order of hospital administration is being replaced by a more reasonable one. It is no longer considered necessary nor right that the superintendent should be the only individual on the hospital premises who is thoroughly conversant with the details of management, but the woman superintendent has taken a leaf from the book of her brother, the man superintendent, and has decided that she also will have an understudy who shall do her work in her absence and to whom shall be delegated from time to time certain routine duties. It has cost the superintendent a pang to part with any fractional part of her beloved work, but she has learned that in this way, only, can she secure the time needed for rest and mental refreshment as well as for communicating to others what she has gained by long experience and arduous toil. It is from such women that this department hopes to hear in the near future.

This new field of usefulness to the JOURNAL and its readers is a wide one, the opportunities for honorable and consecrated service are great and it remains to be proved whether the particular powers and aptitudes required shall be granted for the realization of the best results. Surely if it is to be developed to the highest standard it must have the best from those who represent its particular branch of work. The question is not, what or where is the best but how to acquire it, how to draw it out? Who among hospital administrators or managers will be willing to give of that best which is certainly in them? It is said that problems of organization, administration and sanitary regulation challenge the highest abilities in a woman and the discipline obtained in solving them trains desirable forces. It is upon these forces that this department must now depend.

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#### PUBLIC HEALTH NURSES AND THE ROBB MEMORIAL FUND

There seems to be a misunderstanding on the part of a few public health nurses (and we fear that others may share it) that public health nurses are not eligible to the benefits of the Robb Memorial Scholarship Fund. We are anxious to have them clearly understand that ever since there has been a post-graduate course in public health nursing, public health nurses have had a generous share in the awards and there is every possible claim upon public health nurses to give liberally to the fund as well as to consider it a great privilege to honor Mrs. Robb by doing so.

ELLA PHILLIPS CRANDALL.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**TYPHUS FEVER.**—Two writers in the *British Medical Journal* record their observations on 2000 cases of typhus in one of the German prison camps. Body lice seem to be the carriers of the disease. The patients did well on starvation diet; easily assimilated solid food should be given as soon as the tongue begins to clear. Plenty of liquid should be given throughout the disease. Expectant and symptomatic treatment with the free use of morphia, unless contraindicated, is recommended.

**TRENCH FEVER.**—*The Lancet* says this fever is not contagious in any high degree. The early symptoms are headache, pain in the back and legs, with no catarrh or gastro-intestinal disturbance. The tongue is fairly clean; there is no rash, enlargement of the spleen or bronchitis.

**NITROUS OXIDE.**—*The Journal of the American Medical Association* describes the use of nitrous oxide gas as an anesthetic at Lakeside Hospital, Cleveland, where it is manufactured by a special method in such a pure state as to be without poisonous effects. It is not disagreeable or irritating, consciousness is promptly lost, vomiting is extremely rare, pneumonia and post-operative shock are much less frequent and the patients are able to leave the ward sooner than with other anesthetics.

**THE Puerperium.**—A writer in the *New York Medical Journal* gives some hints for the management of puerperal women. He thinks it unwise to bind the abdomen tightly, as involution is not thereby promoted. The patient need not be kept flat on her back for any length of time. Starvation for the first few days is not necessary, judicious liberality in diet gives better lactation and earlier convalescence. A post-partum high temperature, even if accompanied by a foul discharge and some subinvolution, is better treated by elevating the head of the bed to facilitate drainage and giving one or more doses of ergot or pituitary extract. Intra-uterine douches or curetting is a questionable method of treatment. If the milk has to be dried up, the breasts should be left absolutely and severely alone. The usual treatments are useless.

**IODINE IN ERYSIPELAS.**—An Italian medical journal strongly recommends the painting of the affected area with tincture of iodine, brilliant

results having been obtained by its use. In the most severe cases an anti-streptococcus serum was used as a supplementary measure.

**FOREIGN TECHNIC.**—*The Journal of the American Medical Association* says, in a quotation, the foreign operator does much more of his own work than is the rule with us. He often ties, cuts and sponges himself. The operator may even thread his own needles and lay out his own simplified outfit. Lessened infection is said to result from a minimum number of persons coming in contact with instruments, sponges and wound.

**INSECTICIDES.**—*The Journal of Tropical Medicine* recommends kerosene oil as, on the whole, the most efficient insecticide for body lice and bed bugs. Guaiacol is also a useful preparation. Iodoform will kill lice in fifteen minutes but has no effect on bed bugs. Naphthalene and menthol powder are more agreeable to use than kerosene on account of the odor.

**MAGNESIUM SULPHATE SOLUTION.**—*The British Journal of Surgery* discusses the treatment of wounds with a solution of magnesium sulphate. Forty ounces is dissolved in ten ounces of glycerine and thirty ounces of boiling water, the whole sterilized in an autoclave. The application is painless, the dressings, even in the most septic cases, require changing only twice a day. In two or three days pus almost disappears, sloughs begin to separate and the whole surface of the wound is a bright red color. The granulations never become flabby or edematous and secondary abscesses are almost unknown. Constitutional symptoms seldom occur.

**THE OCCURRENCE OF CONCEPTION.**—A German medical journal publishes the result of some inquiries into the time during the menstrual cycle most favorable to conception. By far the greater number of conceptions occur during the first eight days after the menstrual flow. From the eighth to the eighteenth day after menstruation is over, the curve drops steadily to nothing. From the eighteenth to the twenty-fourth day conception did not take place.

**BALDNESS.**—*The Practitioner* states that if a person is going to be bald in middle life, or even in old age, the symptoms will appear between the ages of fifteen and twenty-five. Although the hair may gradually become thinner as years advance, it is very unusual for a severe form of baldness to begin after this period of life.

**BLOWING THE NOSE PROPERLY.**—A writer in the *Medical Record* asserts that when the nose is not properly cleaned the entire bronchial tract is affected, the nose being the grand central terminal of the air tract. He believes that the improper use of the handkerchief may be a salient factor in the development of consumption. Germs are not

properly expelled but allowed lodgment. The correct method is a deep inspiration to fill the chest with air, then one finger placed so as to close one nostril. With a violent expiration the air is forced through the open chamber of the nose and the discharge received in a handkerchief. The procedure is then repeated with the other side.

**ABSENCE OF ALCOHOLIC INSANITY.**—A Russian medical journal states that in the present campaign not a single case of alcoholic insanity has occurred.

**RECTAL FEEDING.**—In an editorial on this subject, the *Journal of the American Medical Association*, referring to some experiments, says the largest amount of nitrogen the experimenter was able to supply daily by rectal feeding was 3.9 grams, of which 2 grams were returned in the stools. In no case did more than half of the protein supplied disappear, sometimes much less. He concludes that the results are practically negligible. If, however, rectal feeding is to be attempted, effort should be concentrated on that type of food stuff most likely to be absorbed and promptly utilized. Glucose is suggested.

**NEURASTHENIA AND WAR.**—In an address before the Toronto Academy of Medicine it was stated that neurasthenia and other neurotic conditions are apparently becoming much less common in spite of the anxiety and strain resulting from the war. This indicates that it is not so much the great tragedies of life which are apt to upset the equilibrium of the nervous system, but small daily worries, persisting for long periods of time, and above all, lack of occupation and interest in life.

**OPERATIVE INFECTION.**—A German surgeon emphasizes the warning that infection is much less likely to spread if the limb is kept perfectly still. After cuts and scratches the arm should be worn in a sling for from 24 to 48 hours. A small moist compress is applied to the wound to prevent adhesion. Absolute rest is necessary, even help in feeding. Neglect of this precaution transformed a simple injury of the middle finger into a subcutaneous phlegmon which required six weeks before function was restored to the finger.

**MANAGEMENT OF ENURESIS.**—*The Archives of Pediatrics* recommends that the involuntary micturition should be prevented by placing the child in a position to voluntarily empty the bladder at regular intervals. When systematically carried out it is almost invariably successful without the use of drugs. A chart should be provided. If micturition occurs every two hours, the child is placed on the chamber every hour for the first twelve hours, also during the early hours of the night. After midnight, once in two hours is sufficient. If the chart shows that the urine has been voided accidentally at any interval this hour should be anticipated the next day by half an hour.

## NURSING NEWS AND ANNOUNCEMENTS

### NATIONAL

#### THE AMERICAN NURSES' ASSOCIATION

##### NOTICE TO MEMBERS

The nineteenth annual convention will be held in New Orleans, La., April 27-May 3, 1916. All dues should be in the hands of the treasurer before these dates, as it is desirable that none should be paid at the time of the convention. No credential cards are sent to associations or individuals in arrears. Dues should be sent to the treasurer, Mrs. C. V. Twiss, 419 West 144 Street, New York City.

At the meetings of the board of directors held in New York City, January 19 and 22, applications for membership were presented and the following were accepted: the alumnae associations of Charity Hospital, New Orleans; German, Kansas City; Good Samaritan, Lexington, Ky.; Protestant, Columbus, Ohio; St. Clair, Columbus, Ohio; Santa Barbara County Association; and the state associations of Alabama and Tennessee. The resignation of Kings County Association of Brooklyn, N. Y., was accepted. The death of a charter member, Isabel Merritt, was reported. It was decided to have daily teas at the close of the afternoon sessions at the convention in New Orleans and to ask each state president to appoint a hostess from her state to make nurses from that state acquainted with those they wish to meet. The plans for reorganization are to be sent to each affiliated association as soon as possible so that they may be discussed and become familiar to the delegates before they go to the convention.

The Advisory Council, held a meeting on January 21, when the following states were represented by their presidents: California, Connecticut, District of Columbia, Illinois, Kentucky, Louisiana, Maryland, Mississippi, New Jersey, New York, Ohio, Pennsylvania. The following were represented by proxies for the president: Iowa, Massachusetts, Nebraska, Wisconsin. The directors of the American Nurses' Association and the editor of the JOURNAL were also present. The programme and arrangements for the convention were discussed. It was decided to recommend to the delegates at New Orleans that the idea of having a national pin be given up and the committee disbanded. A report of the Relief Fund Committee was read and the state associations were urged to form state committees to receive contributions and to help gather information about applicants for help. The report of the Robb Fund Committee was read and all were urged to coöperate in making the special campaign a success. The date for closing the campaign was put one month later, being made March 1. Miss Hay had resigned from the committee because of absence from the country. The chairman of the Committee on Central Headquarters reported that the committee, endorsed by the joint boards of directors, recommended that the associations consider first the question of an inter-state secretary and leave that of central headquarters in abeyance for the present. The Advisory Council expressed its approval of this suggestion. Reports of the JOURNAL's progress were given by the president of the JOURNAL board, Miss Noyes, and by the editor, Miss Palmer. Those present endorsed the suggestions made during the San Francisco convention that each association affiliated with the national subscribe for one copy of

the JOURNAL to be addressed to the secretary and filed with her papers; also that one copy be placed in the nearest library; also that each examining board should subscribe for a copy. The proposed changes in membership and in the by-laws were explained by Miss Goodrich and by members of the Revision Committee and were thoroughly discussed. The question of holding biennial meetings was discussed and will be brought up again at New Orleans. It is desired that all delegates should inform themselves of the opinion of their associations on this subject.

The Stockholders of the American Journal of Nursing at their annual meeting, held in New York City on January 20, 1916, reelected the present board of directors with the exception of Miss Goodrich, whose place was filled by the election of Miss Lawler of Baltimore.

**RESOLUTIONS ADOPTED BY A COMMITTEE OF THE AMERICAN NURSES' ASSOCIATION**

*In Memoriam*

On August 9, 1915, there passed to the Great Beyond one whose work in the profession of nursing should be accorded the greatest praise, Annie Damer, who was for five years president of the American Nurses' Association.

Miss Damer did much in those early years of the Association to give it the prestige which it now enjoys. Her keen interest in the ethics of trained nursing; her sound appreciation of the practical good sense required of its members if they would be successful in their endeavors; her great ability and charm as a presiding officer, all helped very much in making the American Nurses' Association the dignified and useful institution it is to-day recognized to be. She was also for several years president of the Board of the American Journal of Nursing.

Miss Damer was by birth a Canadian, having been born in Guelph, Ontario, but her enthusiastic love for her profession was bounded by no national lines; her sympathies went out to her sister nurses of all lands, and she was constantly doing something that would help them to a more earnest interest in their profession.

Your Committee offers the following:

**RESOLVED** that in the death of Miss Damer our profession has lost a most valued member and while we deplore our great loss, we believe that her influence for good will continue in ever-widening circles as time goes on, and also

**RESOLVED** that a copy of these resolutions be sent to the family of Miss Damer and spread in full on the minutes of the American Nurses Association.

M. LOUISE TWISS, R.N., *Chairman.*

SARAH E. SLY, R.N.

KATHARINE DEWITT, R.N.

ADDA ELDREDGE, R.N.

**REPORT OF THE ISABEL HAMPTON ROBB FUND, JANUARY 15, 1916**

Previously acknowledged.....	\$15,607.47
Nurses' Alumnae Association, Germantown Hospital and Dispensary, Germantown, Pa.....	50.00
Miss Lewis, Montreal Maternity Hospital.....	5.00
Fanny R. Howe, 438 W. 116 Street, New York.....	10.00
Youngstown Alumnae Association, Youngstown, Ohio.....	10.00
Bertha J. Gardner, Rochester, N. Y.....	5.00

## Nursing News and Announcements

447

Katharine DeWitt, Rochester, N. Y.....	\$1.00
Graduate Nurses' Association of Cincinnati and Hamilton County, Cincinnati, Ohio.....	50.00
New York Hospital Training School Alumnae (Sustaining).....	25.00
Bloomingdale Hospital School of Nursing, White Plains, N. Y.....	20.00
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	\$15,783.47

All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton, Lower Falls, Massachusetts, and all drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago, Illinois.

MARY M. RIDDELL, Treasurer.

### REPORT OF THE MCISAAC FUND

Previously acknowledged.....	\$115.00
Los Angeles County Nurses' Association (contributing \$10 yearly for five years).....	10.00
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	\$125.00

All contributions, drafts, money orders, etc., should be made to Mary M. Riddle, Treasurer, and sent to her at Newton Hospital, Newton Lower Falls, Massachusetts.

MARY M. RIDDELL, Treasurer.

### REPORT OF THE RELIEF FUND, DECEMBER, 1915

Previously acknowledged.....	\$992.44
Interest on bank balance.....	78.01
E. Dean Smith, Michael Reese Hospital Alumnae Association.....	5.00
Indianapolis City Hospital Alumnae Association, Indiana..	10.00
Helen L. Bailey, Ancon Canal Zone (Alumnae Association Kings County Hospital, Brooklyn).....	5.00
Mabel Garrison, Oklahoma City, Okla.....	3.00
Florence E. Taylor, Portland, Me.....	2.00
Annabel Smith, Philadelphia, Pa.....	1.00
Anna Hadden, Orange Training School Alumnae Association, New Jersey.....	1.00
Anna L. McCoy.....	1.00
Ella M. Zimmerman, Highland, N. Y., Orange Training School Alumnae Association .....	1.00
Edith Hutton, Scranton, Pa., Alumnae Association State Hospital.....	1.00
Mississippi State Association of Graduate Nurses.....	10.00
Annie Bryce, Chicago, Ill., Alumnae Association Illinois Training School.....	2.00
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*Disbursements*

North Carolina State Nurses' Association Benefit No. 1 eleventh payment.....	\$10.00
L. A. Giberson, Chairman, attending Executive Committee meeting.....	150.00
Scranton, Wetmore & Co., Stationery.....	3.10
Union Advertiser Co., 200 applications for benefits.	8.50
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	\$171.60
Balance, January 1, 1916.....	\$940.85
13 Bonds, par value.....	13,000.00
2 Certificates of stock.....	2,000.00
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Balance, January 1, 1916.....	\$15,940.85

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information address L. A. Giberson, 1520 Arch Street, Philadelphia, Pa.

M. LOUISE TWISS, R. N., Treasurer.

The Children's Bureau, Washington, D. C., has issued a publication entitled Baby-Week Campaigns for the purpose of presenting in detail practicable methods of organizing and carrying on such campaigns in towns or cities of various sizes.

**The Army Nurse Corps: Appointments.**—Florence Spaulding, graduate of Kings County Hospital, Brooklyn, N. Y.; assigned to duty at the Walter Reed General Hospital, Takoma Park. **Re-Appointment.**—Mabel O. Staver, Homeopathic Hospital, Rochester, N. Y.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. **Transfers.**—To Army and Navy General Hospital, Hot Springs, Ark.: Mary L. Delaney and Richie C. Hall. To Letterman General Hospital, San Francisco, Calif.: Louise Knapp, Louise Preusser, Jennie A. Jaeger. To Department Hospital, Honolulu, H. T.: Edyth M. Gill. **Discharges.**—Mabel F. Martin, Julia M. Cunningham, Frederica M. Hanks, Rose Pegler, Eleanor Wilson. The friends of Emma N. Rousseau will regret to learn of her death on December 15, 1915, at the Walter Reed General Hospital, Takoma Park, D. C., after an illness of many months. Miss Rousseau was a graduate of the Rhode Island Hospital, Providence, R. I., and was appointed a member of the Nurse Corps in August, 1914. **DORA E. THOMPSON**, Superintendent, Army Nurse Corps.

**The Navy Nurse Corps: Appointments.**—Mabel T. Cooper, Boston City Hospital Training School; Clara A. Helbig, St. Joseph's German Hospital, Baltimore, Md.; Florence M. Blake, Kensington Hospital, Philadelphia, Pa., Superintendent Elwood City Hospital, Elwood, Pa.; Cora Hall Baptist, St. Luke's Hospital, Richmond, Va.; Margaret O'Brien, Samaritan Hospital, Philadelphia, Pa.; Frances McNeir Levely, James Walker Memorial Hospital, Wilmington, N. C., Charge of Baby Hospital, Wilmington, N. C.; Elizabeth Deemer Bushong, Western Pennsylvania Hospital, Pittsburgh, Pa.; Hazel V. Crowl, Western Pennsylvania Hospital, Pittsburgh, Pa.; Mary Workman, Minneapolis and All Saints Hospital, McAlester, Okla., Superintendent of All Saints Hospital; Stella Margaret Morris, Good Samaritan Hospital, Portland, Ore.; Marie L. Anton, Wesley Hospital, Oklahoma City, Okla.; Mamie V. McCullough, Lewis Crozer Hospital,

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Chester, Pa., post-graduate course, General Memorial Hospital, New York, N. Y.; Wilhelmine Kilmer, Lucas County Hospital, Toledo, Ohio, Charge Nurse, Hal Blair Hospital, Morenci, Mich.; Alice Byrd Davis, German Hospital, Kansas Mo.; Elizabeth G. Mullen, St. Agnes Hospital, Baltimore, Md.; Bess Givens Rader, Mt. Carmel Hospital, Circleville, Ohio; Edith Natalie Lindquist, Newport Hospital, R. I.; Minnetta F. Mosedale, Buffalo General Hospital, Buffalo, N. Y.; Mary A. Mulcahy, Philadelphia General Hospital, Philadelphia; Bertha I. Myers, Philadelphia General Hospital, Assistant Superintendent Atlantic City Hospital, N. J., nine months course at Teachers College, Columbia University, N. Y.; Florence B. Martin, Chester Hospital, Chester, Pa.; *Transfers*.—Mary T. O'Connell, to Washington, D. C.; Jennie M. Johnson, to Washington, D. C.; Mary H. Conlin, to Washington, D. C.; Pearl Smith, to Norfolk, Va.; Helen Orchard, to New York, N. Y.; Margaret Haggerty, to Philadelphia, Pa.; Mary Moffett, to Philadelphia, Pa.; Esther LeC. James, to Philadelphia, Pa.; Nellie R. Ferrell, to New York; Ellen L. Penna, to Mare Island, Calif.; Frederica Braun, to Mare Island, Calif.; Elizabeth Dence, to Philadelphia, Pa.; Mary Elizabeth Hand, to Guam; Charlotte A. McNally, to Guam; Della V. Knight, Chief Nurse, to Annapolis, Md.; Blanche Brown, to Mare Island, Calif.; Mary A. Long, to Canacao, P. I. *Honorable Discharge*.—Anna J. Naughton; Julia T. Coonan; Louise Cooke; DeLyla G. Thorne; Sara B. Stebbins; Mina B. King. *Resignations*.—Mrs. Florence Egeler; Mrs. Louisa Blake Reed; Maria Vittoria Tittoni; Edith Brightbill; Louisa Kurath; Margaret Lytton; Frances L. Long; Philena P. Cheetham; Edna C. Ewing; Anna M. Fallamal; Anne K. Jones; Inez Donaldson.

LENAH S. HIGBEE, Superintendent Navy Nurse Corps.

**Alabama: Birmingham.**—ST. VINCENT'S HOSPITAL ALUMNAE ASSOCIATION held a regular meeting at the hospital, January 4, and elected the following officers: president, Birdie Thompson; vice-presidents, Laura De Shazo, Essie Dodd; recording secretary, Katherine Moulitis; corresponding secretary, Helen L. Shepherd; treasurer, Katherine Tayler. The constitution was revised and after adjournment, the pupil nurses entertained the association with a minstrel show. Meetings will be held in the amphitheatre of the hospital the third Wednesday of every month.

**Arkansas: THE ARKANSAS STATE GRADUATE NURSES' ASSOCIATION** held its third annual meeting at the Hotel Marion, Little Rock, October 27-29. The invocation was by the Rev. Forney Hutchinson, the address of welcome, in the behalf of the Pulaski County Nurses Association, was made by Mrs. W. C. Green. Response was by Mrs. Watson. Papers were read by Dr. Ida J. Brooks, and Dr. William F. Smith. Eva Reichardt read a paper on the Relation of Nursing to Education. Mrs. F. W. Aydlett one on The Rise and Progress of Nurses' Work in Arkansas. Following the address of the president, Menia S. Tye, Frankie Hutchinson gave the report of the National Convention in San Francisco. A section meeting of the Red Cross was held and the same committee is continued for another year. At the session of the private duty nurses, nine interesting papers were read. Thursday evening the Association was entertained by the St. Vincent's Alumnae at the annual banquet at the Hotel Marion. On Friday the League of Nursing Education held a meeting of unusual interest, to which the Graduate Nurses' Association was invited. The officers of the League are as follows: president, Menia S. Tye; vice-president, Frankie Hutchinson; secretary-treasurer, Ruth Riley. Officers of the Graduate Nurses' Association are: president, Frankie Hutchinson; vice-president, Ruth Riley, Belle McKnight; Miss

McDougal; recording secretary, Gertrude Groeben; corresponding secretary, Annie Bremeyer; treasurer, Mrs. W. C. Green. The next meeting will be held in Hot Springs.

**Connecticut:** THE STATE LEAGUE OF NURSING EDUCATION held its fourth annual meeting at the Hartford Isolation Hospital, Hartford, on November 3. An address on Medical Asepsis was given by Dr. H. F. Locke, followed by a demonstration of methods by Miss Peers and her staff. At the business meeting Miss Allyn was re-elected president. It was announced that the Governor had appointed Miss Albaugh inspector of training schools. **Hartford.**—ST. FRANCIS' HOSPITAL graduating exercises were held in St. Thomas' Seminary Hall, December 30. An address was made by the Honorable John W. Coogan, L.L.D. and the diplomas were presented to nineteen nurses by the Right Rev. John J. Nilan. A reception and lunch followed in the nurses' class rooms. Margaret Mary Cook, class of 1915, entered the novitiate of the Sisters of St. Joseph, January 4, and will be known as Sister Loretta Mary. At the same time, Catherine Walsh, a pupil nurse, took the veil and will be known as Sister Mary Elizabeth. **New Haven.**—MABEL FLETCHER, superintendent of nurses at the Connecticut Training School has resigned her position.

**District of Columbia: Washington.**—THE ENTERTAINMENT COMMITTEE OF THE GRADUATE NURSES' ASSOCIATION has arranged a varied and interesting course of lectures to be given during the year. On November 15, Elsie Hill, teacher of literature in Central High School, spoke on the Federal Amendment for equal suffrage. On November 19, Dr. D. W. Prentiss gave a lecture on high blood pressure. Dr. Louise T. Jones, who went to Nish, Serbia, in August, to establish a children's hospital, has returned and gave a very interesting account of her experiences.

**Georgia: Augusta.**—THE WILHENFORD CHILDREN'S HOSPITAL held commencement exercises December 15, which were opened with prayer by Dr. Joseph Sevier. The diplomas were presented by Dr. W. A. Mulherin, of the Medical Advisory Board, Mr. W. H. Barrett, on behalf of the Board of Managers, presented each graduate with a nurses' instrument case. The hospital is beginning its sixth year and is the first and only hospital in the south for the care and treatment of children. Elizabeth Minahan, graduate of the Woman's Hospital of Philadelphia, is the superintendent.

**Illinois:** THE ILLINOIS STATE BOARD OF NURSE EXAMINERS will meet in Chicago, April 11 and 12, 1916, for the purpose of conducting an examination for the registration of nurses. Application blanks and information may be procured by addressing Anna L. Tittman, R.N., Secretary, State Capitol, Springfield, Ill. Adelaide Mary Walsh, Chicago, was reappointed to membership of the Illinois State Board of Nurse Examiners by Governor Dunne on January 3. Mrs. Julia Pierik Kennedy, Springfield, was appointed to membership December 30, to fill the vacancy caused by the resignation of Julia S. Chubbuck. Miss Walsh and Miss Tittman have been re-elected president and secretary of the board. **Chicago.**—THE VISITING NURSE ASSOCIATION held its annual meeting on January 18 at the Hotel Blackstone. After the reports of committees, Mrs. Grannis gave a series of stereopticon pictures taken in the districts. EDITH MOFFATT who, for eleven years, has been head surgical nurse in the operating rooms of the Presbyterian Hospital, is now occupying a similar position in the Royal Victoria Hospital, Montreal, of whose school she is a graduate. SEVERAL OF THE PRESBYTERIAN HOSPITAL GRADUATES who left for foreign service with the Chicago Unit have

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completed their terms and have returned: Mary Jacobson, and Gertrude Craig, class of 1908, Miss Sater, class of 1911. Those remaining for further service are: Curry Breckenridge, class of 1909; Hilda and Ida Twedten, class of 1911; Louise Todd and Lettie Wadsworth, class of 1913; Mary Wilhams, class of 1915.

Indiana: Fort Wayne.—IRENE BYROM, who has been doing anti-tuberculosis work for three years, has been granted a leave of absence for a needed rest. Her place will be filled temporarily by Miss Kreigh, class of 1915, Hope Hospital.

Iowa: EXAMINATIONS FOR STATE REGISTRATION will be held in Des Moines, January 25 to 28, 1916. Des Moines.—THE REGISTERED NURSES' ASSOCIATION was entertained on December 21, at the home of Edith M. Robinson. On January 4, a business meeting was held in the Fleming Building. The subject of the programme was Cents and Sense for Nurses. THE IOWA METHODIST HOSPITAL TRAINING SCHOOL held an alumnae home-coming on January 24. The hospital is building an addition to the North Home for Nurses. The South Home will be converted into a maternity ward. Burlington.—THE REGISTERED NURSES' ASSOCIATION, at its annual meeting, December 11, re-elected its present staff of officers. Della Ireton, class of 1915, Burlington Hospital, who has been doing civil service work in Panama, has recently been married and will live in Michigan. Vera Lideen, formerly engaged in visiting nursing in Madison, will resume private nursing in Burlington. Cedar Rapids.—ST. LUKE'S ALUMNAE ASSOCIATION held its annual meeting on January 4 and elected the following officers: president, Ella McDannell; second vice-president, Mrs. A. Moore; recording secretary, Isabel Staik; corresponding secretary, Ella Ball; treasurer, Gyda Bates; auditor, Mae Baxter. Esther Rose, a graduate of St. Luke's, has entered visiting nurse work in Chicago.

Kansas: Halstead.—MRS. EDITH D. HERTZLER who, for eleven years, filled the position of superintendent of Halstead Hospital, has retired to private life. Under Mrs. Hertzler's management, a training school was organized and incorporated, the original building and grounds were purchased from the Mennonite Association and a modern, fireproof building was erected. In addition to her duties as superintendent, Mrs. Hertzler gave valuable assistance to her husband, Dr. Arthur E. Hertzler, not only assisting him in all operations but in conducting important experiments in his researches on cause and growth of tumors. Mrs. Hertzler's retirement is deeply regretted. The graduate nurses of Halstead Hospital met at the home of Mrs. Hertzler on November 18 and organized an alumnae association. Bertha Baumgartner was elected president.

Maryland: Baltimore.—THE STATE LEAGUE OF NURSING EDUCATION held a regular meeting at St. Joseph's Hospital, November 17, Miss Sullivan presiding in the absence of Miss Lawler. In opening the discussion on the state law for registration, Miss Bartlett quoted Dr. Winford Smith as saying that in his opinion compulsory registration is absolutely necessary if nursing is to be recognized as a profession. After further discussion the members present voted almost unanimously in favor of compulsory registration and referred the subject to a committee to work out. Tea was served by Miss Brantley. The December meeting of the League was held at the Woman's City Club on the 15th, with fourteen members present. A very complete discussion of the work done by the Legislative Committee of the State Association proved to be very interesting. There was complete unanimity of opinion that the changes that had been agreed upon were very much needed and would make the Maryland bill much stronger. The League was the guest of Eleanor Jones; after the meeting a most delightful tea

was served. THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held a special meeting at the Medical and Chirurgical Library, December 18, Miss Lawler in the chair. The report of the special committee on legislative measures was presented and submitted to the nurses, full discussion followed. Dr. Winford Smith addressed the meeting on the necessity of compulsory registration and inspection; the value of inspection in helping to raise and keep schools to one standard of intelligent and broad training; helping by showing the weak points and advising and giving affiliated support to all small schools. Dr. Smith brought out the point that the definite recognition of the status of the nurse depends upon compulsory registration. The meeting was well attended.

**Massachusetts:** THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, April 11 and 12, 1916, at Boston, Mass. Application for any examination must be filed at least five days before the examination date. Walter P. Bowers, M.D., Secretary. GOVERNOR McCALL, the newly-elected governor of the state, in his inaugural address signified his desire to group under one board the seven boards of registration: Dentistry, Embalming, Medicine, Nursing, Pharmacy, Optometry and Veterinary Medicine. **Boston.**—THE MASSACHUSETTS GENERAL HOSPITAL held graduating exercises for the training school on the evening of January 13, in the Out-Patient Department. An address was given by Dr. George Cheever Shattuck on Servia; its Hospitals and Nursing Conditions. A reception followed. By the will of Ellen Channing, the hospital receives \$5000 for the establishment of a free bed. THE BOSTON NURSES' CLUB, on the evening of December 15, had a lecture by Dr. William M. Conant on Present Methods of Handling Abdominal Diseases. On the 28th, the club held a Christmas party. On January 11, Dr. Robert M. Green lectured on Belgium before the War. THE NEW ENGLAND BAPTIST HOSPITAL held graduating exercises on January 19, for a class of ten, in Ford Hall. Dr. Charles A. Porter spoke on his experiences with the Harvard Unit in France. THE HOMEOPATHIC HOSPITAL dedicated on January 1 its new maternity building, made possible through the generosity of Wallace F. Robinson. The structure is of brick and stone and its fittings are such as are best adapted for maternity conditions. There are rooms for private patients as well as large and small wards. The hospital has been obliged, of late, to refuse many cases for lack of room. **Clinton.**—M. B. DIBBLE, class of 1898, Massachusetts General Hospital, has been appointed superintendent of the Clinton Hospital. **Natick.**—BY THE WILL of Patrick H. Cooney, a late trustee of the Leonard Morse Hospital, the institution receives \$5000. The Visiting Nurse Association receives \$500, Carney Hospital and the Home for Destitute Catholic Children, of Boston receive \$1000 each. **Pittsfield.**—THE ALUMNAE ASSOCIATION OF THE HOUSE OF MERCY HOSPITAL held its quarterly meeting December 1, at the Graduate Nurses' Home. It was voted to hold monthly meetings for the next six months, on the first Wednesday of the month, one of the members to prepare a program for each meeting.

**Michigan: Detroit.**—THE WAYNE COUNTY NURSES' ASSOCIATION held its January meeting on the 7th, at the Woman's Federation Building. After the business for the month had been transacted, Ella Phillips Crandall addressed the members and visitors on The Public Health Nurse. A reception followed the address. Miss Crandall was called to Detroit by the members of the Board of Commerce to address its executive board and manufacturers on the Industrial Nurse. This address was given at the Board of Commerce Building on Thurs-

day evening. Previous to this she had spoken at length to the Executive Board of the Visiting Nurses' Association and to the Board of Health nurses.

**Minnesota: Brainerd.**—THE ALUMNAE ASSOCIATION OF THE NORTHERN PACIFIC HOSPITAL has recently elected the following officers, president, Olena Ordahl; vice-president, Irene English; secretary, Mary Strickler; secretary and treasurer, Edith Pederson.

**Missouri: St. Joseph.**—THE NURSES' ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL gave a doll bazaar for the benefit of the nurses' home, November 25-27. Dolls representing all nations were on exhibit; the net proceeds were \$850.

**New Jersey:** THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold examinations for graduate nurses on March 14, 1916. Due notice of the place or places in which the examinations will be held will be given to the applicants, superintendents of training schools for nurses and the public press. Applications must be filed fifteen days prior to March 14, 1916. Information and application blanks can be procured of the secretary-treasurer, Jennie M. Shaw, 487 Orange Street, Newark. **Orange.**—THE ORANGE VISITING NURSE ASSOCIATION has appointed Beatrice Gosling as its supervisor. Miss Gosling has had experience in visiting nurse methods at the Henry Street Settlement and has studied at Teachers College. The former course offered to graduate nurses will be resumed.

**New York: New York State Board Examination,** June 29-July 1, 1915. (Ten questions on each subject to be answered.)

**Anatomy and Physiology.**—(1) Locate the acromion process, the antrum of Highmore, the acetabulum, the zygomatic arch, the thyroid foramen. (2) Compare striated with nonstriated muscular tissue. (3) How do the secretions of the serous and the mucous membranes differ in function? (4) Describe what is essential for the making of a secretion. (5) Trace the blood from the right auricle of the heart to the left ventricle. (6) Describe the mucous lining of the small intestine. (7) How would you describe briefly the mechanism of respiration? (8) State the functions of lymph. (9) How do suppression and retention of urine differ? (10) Explain briefly the way in which the skin helps to regulate body temperature. (11) Describe a sweat gland. (12) For what reasons should one breathe through the nose rather than through the mouth? (13) Outline the shape of the palate bones, indicating their articulations. (14) Compare the nerves of the cerebrospinal system with the nerves of the sympathetic system. (15) Why does paralysis, in the form of hemiplegia, affect one side of the face and the opposite side of the body?

**Dietetics.**—(1) Make out a day's dietary for a child four years of age. (2) Of what value are fruits as food? (3) Name (a) three foods from which protein is obtained, (b) three from which fats are obtained, (c) three from which carbohydrates are obtained. (4) Give one method of predigesting milk. (5) State the disadvantages of a purely vegetable diet. (6) How is the fuel value of food expressed? (7) In what way does the serving of food affect digestion? (8) Mention (a) three easily digested meats, (b) two meats to be avoided in feeding the sick. (9) Give a recipe for making one pint of oyster soup. (10) Name the ferment contained in saliva and give its action. (11) What are the principal uses of salts in the body? (12) Where does food absorption mostly take place? (13) Outline a day's dietary for (a) a tuberculous patient, (b) a diabetic patient. (14) When is sugar a valuable article of diet? Why? (15) What are some of the uses of water in the body?

**Materia Medica.** (1) Define an emulsion, an elixir, a syrup, a tincture, a

fluid extract. (2) Define a sialagogue, a cholagogue, an anodyn. Give an illustration of each. (3) If you had a 12½ per cent solution of a drug, how much of it would you use to make one quart of a 1-1000 solution? (4) If you had a drug in a bottle marked  $\text{m}.\text{x.} = \text{gr. } \frac{1}{5}$ , how would you estimate a dose of gr.  $\frac{1}{8}$ ? (5) How are the medicinal metals and alkaloids made into salts? Why is this usually done? (6) Why is it wise to have solution of drugs freshly made? (7) What happens to the tincture of a drug, if kept for a long time? (8) What is the special action of aloes and in what way is aloes usually given? (9) What is the source of adrenalin? State the effect of adrenalin. (10) What is the usual dose of chloral hydrate? When giving chloral hydrate, for what symptoms do you watch? (11) What is the alkaloid of coca and for what is it principally used? (12) Mention the special symptoms of poisoning byaconite and give the nursing treatment. (13) Where is pituitary extract or pituitin obtained and for what classes of cases is it usually ordered? (14) Name two preparations of ammonia and state the ordinary dose of each. (15) In what ways may medicines be administered in order to procure their most rapid absorption?

*Bacteriology and Surgery.* (1) State some points of differences in form between the various classes of bacteria. (2) What name is given to the bacteria that produce disease and infection in wounds? (3) What are spores? (4) Define the following words: sterile, asepsis, antiseptic, disinfectant, deodorant. (5) Where are bacteria found? Mention places in which they are particularly likely to be present in large numbers. (6) What do you understand by the expressions "healing by first intention" and "primary union"? When a wound is said to heal by granulation, what is meant? (7) Define the terms oophoritis, cystitis, conjunctivitis, ostitis, osteomyelitis. (8) Mention some of the medicated solutions for bladder irrigation. Give the amount, strength, and temperature of each solution. (9) Give in detail the preoperative preparation of a patient for gastroenterostomy. (10) How would you recognize hemorrhage from the stomach? What is it called? How would you recognize hemorrhage from the lungs? What is it called? (11) Give the symptoms and the treatment of hemorrhage. (12) What is (a) a contusion, (b) a Colles's fracture, (c) a Pott's fracture? (13) Name and describe three varieties of fractures. (14) How are burns usually classified? Describe each class. (15) Give the nursing care for the first 24 hours after an abdominal operation.

*Medical Nursing and Nursing of Children.* (1) Describe the rash of measles, its duration, its manner of spreading and of disappearing. (2) What are the principal symptoms of erysipelas? (3) Mention some important points to remember when nursing patients with rheumatism. (4) What is the specific symptom of tetanus? (5) Mention complications of typhoid and give their indications. (6) Mention the important points to remember in the nursing of typhoid. Give reasons. (7) Mention some of the bad effects that may result from neglect of a typhoid patient's mouth. Describe briefly the care of a typhoid patient's mouth. (8) What are the principal requisites in the care of rachitic children? (9) What are the important points in the nursing of a marasmus child? (10) What is chlorosis? To what is it generally due? (11) Name some of the more common diseases of the kidneys. (12) To what is gastritis most frequently due? What is the important point in the treatment of gastritis? (13) What are the more common causes of convulsions in children? (14) Which type of pneumonia most commonly attacks infants? Which type is more fatal in childhood? (15) Why is it very important that the primary symptoms of chorea should be recognized?

*Obstetric Nursing.* (For female nurses.) (1) Describe in detail the bony pelvis, i. e., name and locate the bones composing its walls. (2) How is the pelvis divided and what is understood by the brim? (3) What organs are included in the internal genitalia? (4) Define (a) menstruation, (b) conception, (c) ovulation. (5) Describe the size and the weight of (a) the virgin uterus, (b) the same organ at the end of the third stage of labor. (6) Describe the three stages of labor. (7) Define (a) viability, (b) abortion, (c) prematurity. (8) Give the essentials in the care that should be given the child immediately after birth. (9) Describe the preparation of a patient for labor. (10) Define (a) toxemia of pregnancy, (b) eclampsia. (11) What is (a) position, (b) presentation? (12) How would you proceed to obtain breast milk for analysis and what quantity would you consider necessary? (13) Why should the placenta always be examined by a physician? (14) Describe the proper laundering of an infant's diapers. (15) To what are the symptoms of simple engorgement of the breasts due? Describe the treatment.

*Genito-Urinary Nursing.* (For male nurses.) (1) Mention four conditions causing variations in the color of urine. (2) What is the capacity of the adult bladder? (3) Name the urinary organs. State the function of each. (4) Name three abnormal constituents of urine that indicate the need of medical attention. (5) Give three nursing measures for the relief of retention of urine. (6) What general symptoms would you expect to find in a case of uremia? (7) State why it is sometimes necessary to catheterize a patient when urine is passed frequently. (8) Define cystitis. How may it be caused? (9) Explain what is meant by specific gravity. (10) What is gonorrhea? What is the specific germ causing it? Give nursing precautions. (11) How would you irrigate the bladder? How would you prepare a specimen of urine for examination? (12) Define varicocele. Give nursing measures and relief for varicocele. (13) Name three complications following gonorrhea. (14) Define prostatectomy. (15) Mention five conditions that may diminish the quantity of urine passed.

**New York City.**—THE NEW YORK CITY LEAGUE OF NURSING EDUCATION held its regular monthly meeting at the Presbyterian School of Nursing, January 5. Mrs. Grace Gunn, president of the Women's Speaking Club of America, gave a pleasing address on the Development of Personality. Miss Hitchcock, secretary of the Board of Examiners, reviewed the papers presented at the December meeting and led the discussion. ST. LUKE'S ALUMNAE ASSOCIATION held its eighteenth annual meeting on November 16 at the hospital, when the following officers were elected: president, Mrs. Hugh R. Jack; vice-president, Isabel L. Evans; recording secretary, Mabel Wilson; corresponding secretary, Marjorie Coats, St. Luke's Hospital; treasurer, M. K. Smith. **Brooklyn.**—THE KINGS COUNTY HOSPITAL ALUMNAE ASSOCIATION held its regular meeting January 4, in the nurses home, with seventeen nurses present. Officers elected were: president, Julia Donahue; vice-presidents, Olive Herman, Katherine McCoy; secretary, Lucy D. Treadway; treasurer, Loretta Flannery. JOSEPHINE S. HILKER, class of 1906, German Hospital, who has held the position of superintendent of nurses for two and a half years, has resigned to take a similar position in the Pottsville Hospital, Pottsville, Pa. Miss Hilker has held a number of executive positions since her graduation and has also worked under the Board of Health. **Albany.**—THE ALBANY HOSPITAL ALUMNAE ASSOCIATION held a delightful concert in the auditorium of the Nurses' Home, December 2. THE HUDSON VALLEY LEAGUE OF NURSING EDUCATION enjoyed the hospitality of Miss Hearle, super-

intendent of nurses at the Albany Hospital, December 4. **BERTHA J. GARDNER**, of the **JOURNAL** staff, addressed the pupil nurses at the hospital, December 16. Miss Gardner impressed on the nurses their privileges and responsibilities as future owners of the **JOURNAL**, the property of the American Nurses' Association. **ANNE HEWEY STRONG**, class of 1905, now an instructor at Teachers College, spoke to the nurses on December 27, of the advantages of the various courses given at the college, for nurses wishing to pursue different branches of work. **THE ANNUAL CHRISTMAS** dance was held in the auditorium of the Home, December 28. **MRS. AGNES R. DAYTON**, class of 1913, who has been in charge of the Tuberculosis Sanitarium of the Albany Hospital, has accepted the position of superintendent of nurses, at St. Luke's Hospital, Utica, N. Y. **MRS. KATHERINE GILBERT**, class of 1914, has succeeded Emma Jean Braybrook as supervisor of the operating room at the hospital. **Schenectady**.—**THE SCHENECTADY COUNTY NURSES' ASSOCIATION** held its regular meeting at the Edison Hotel, January 7. After routine business, Katherine Whitmore spoke of her work under the Commission for the Blind, which is along the lines of education and prevention. **Rochester**.—**THE ROCHESTER LEAGUE OF NURSING EDUCATION** was formed at a meeting held at the home of Miss Palmer in December, when nurses in executive positions were invited to meet Miss Hilliard. At the first regular meeting of the League, held at the State Hospital, in January, Anna Delmore was elected president; Annie Smith, secretary; Laura L. Phillips, treasurer. **Buffalo**.—**THE BUFFALO NURSES' ASSOCIATION** held its regular meeting at the club house, January 3, with a good attendance. **THE BUFFALO HOSPITAL SISTERS OF CHARITY ALUMNAE ASSOCIATION** held its regular meeting January 11, and decided to give a dance in March. **THE PUBLIC HEALTH NURSES OF BUFFALO** have formed an association and will hold regular meetings the first Wednesday of every month, at 8 p.m., in Room 110, of the Prudential Building. All nurses engaged in Public Health work are invited to attend, and join. **ELLA PHILLIPS CRANDALL** was entertained at lunch by the executive committee of the Public Health Association, on January 11, at the Genesee Hotel. Miss Crandall led an interesting discussion on the future of the Public Health nurse as a social worker. **THE BUFFALO DEPARTMENT OF HEALTH** expects to give a course in Public Health Nursing and Social Service, in connection with the University of Buffalo, the Charity Organization Society, and the District Nurse Association. The course will be open to registered nurses, and details are to be soon announced. **NELLIE BUNDY AND BESSIE SCANLON**, Buffalo Hospital Sisters of Charity, have returned from nine months' service in Serbia. Miss Scanlon gave an interesting talk of their experiences at a dinner of the Social Workers Club, at the Iroquois Hotel.

**Pennsylvania: Philadelphia**.—**THE PRIVATE DUTY NURSES' ASSOCIATION** held a reception on January 11 at the Nurses' Club which was attended by many members and friends. Sketches of last summer's holiday were given by Margaret Montgomery, Anna A. Taylor and Frances M. Taylor. A talk followed on the necessity for maintaining the Association and its circulating library. A social hour, with music, followed. Six applications for membership were received during the afternoon. **THE BLOCKLEY CHRISTMAS PARTY**, given by the faculty and training school of the Philadelphia General Hospital to the alumnae, was held on December 27 at the nurses' home. Each guest was asked to recount any humorous experience that had happened to a fellow nurse during training. There were songs, recitations and a beautiful Christmas tree. All entered into the spirit of the evening and the guests felt that Miss Clayton is doing much for the

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graduates of the school as well as for the pupils. THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL held a regular meeting on January 3 at the nurses' home, when five new members were admitted. Unusually interesting papers were read, as follows,—The Responsibility of the Hospital to the Private Duty Nurse, Miss Summerton and Miss Ludekins; Current Events, Maud Lyle and Miss Krewson. Tea followed. The Association has commenced the publication of an alumnae quarterly, the first issue appearing in December. It is an eight page publication, with interesting alumnae and training school items. THE ALUMNAE ASSOCIATION OF THE POLYCLINIC HOSPITAL held its regular monthly meeting January 7, in the afternoon. At the request of several of the out-of-town members it was decided to hold the next meeting in the evening. The following are recent appointments of graduates of the school; Miss Walker, assistant-directress of nurses at the Polyclinic Hospital; Miss Tait, head nurse of the Augusta Thom ward; Miss Straughan, night supervisor; K. M. Wood, head nurse, Burke Foundation, White Plains, N. Y.; Miss McMullan, superintendent St. Luke's Hospital, Newbern, N. C.

**Rhode Island: Providence.**—THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION held a meeting on December 28 at the Nurses' Home. Christine Holmes, class of 1912, spoke of her experiences in France with the second Harvard Unit. THE RHODE ISLAND HOSPITAL ASSOCIATION OF GRADUATE NURSES met at St. Joseph's Hospital on December 14, when Eva Magooon of the Roger Williams Park Museum gave an interesting talk on birds. THE RHODE ISLAND HOSPITAL NURSES' CLUB held its annual meeting at the nurses' home on January 5, when Miss Lord was re-elected president and Miss Dearnness, vice-president. The pupils of the school entertained the members with music, recitations, dancing and tableaux. THE PROVIDENCE BRANCH OF THE GUILD OF ST. BARNABAS met on the afternoon of January 8 at St. Stephens' Church, where Rev. Rupert Noel conducted the service and gave an address appropriate to the Epiphany. Music and a social hour followed.

**West Virginia: Huntington.**—THE CHESAPEAKE AND OHIO TRAINING SCHOOL FOR NURSES was incorporated in 1915. The superintendent of nurses is Emily W. Bauer, a graduate of the Presbyterian Hospital School of Nursing, New York.

**Wisconsin: Milwaukee.**—THE MILWAUKEE COUNTY NURSES' ASSOCIATION held its monthly meeting in the lecture room of the Public Library, December 8. A nurses' club was the topic of interest. The Milwaukee nurses have long contemplated organizing a club. This is the first time the subject was brought up in an open meeting. Minnie H. Ahrens of Chicago, was the chief speaker, and was able, through her experience in such work, to contribute a great deal of good advice. The discussion roused much enthusiasm and it is hoped a nurses' club will be the result of the conference.

#### BIRTHS

On September 10, at Corona, Long Island, N. Y., a daughter, to Dr. and Mrs. William Campbell. Mrs. Campbell was Minnie Murrell, class of 1910, Long Island College Hospital, Brooklyn, N. Y.

On December 7, a daughter, Grace, to Dr. and Mrs. L. C. Gatewood. Mrs. Gatewood is a graduate of the Presbyterian Hospital, Chicago.

On January 4, a son, Hugh Simon, to Dr. and Mrs. Erastus S. Edgerton. Mrs. Edgerton graduated from the Presbyterian Hospital, Chicago.

On December 30, at Little Falls, N. Y., a son, Charles Daniel, to Dr. and Mrs. Charles Harvey Glidden. Mrs. Glidden was Alma MacCumber, class of 1907, Jackson Sanatorium, Dansville, N. Y.

On January 10, at Davenport, Iowa, a son, to Mr. and Mrs. Harry Englehart. Mrs. Englehart was Minnie Dawson, class of 1905, Iowa Methodist Hospital, Des Moines.

On January 6, a daughter, to Mr. and Mrs. H. B. Woods. Mrs. Woods was Eva Lansing, Iowa Methodist Hospital, Des Moines.

Recently, at Valatie, N. Y., a daughter, to Dr. and Mrs. Harry Noerling. Mrs. Noerling was Sadie Sliter, class of 1911, Albany Hospital, Albany, N. Y.

Recently, at Monroe, N. Y., a daughter, to Mr. and Mrs. Herbert Newberry. Mrs. Newberry was Alice David Mervin, class of 1909, Albany Hospital, Albany, N. Y.

Recently, at Cumberland, Md., a son, to Mr. and Mrs. William M. Crow. Mrs. Crow was Grace L. Boyle, class of 1913, Albany Hospital.

Recently, at Albany, N. Y., a son, to Dr. and Mrs. Lawrence Worrell. Mrs. Worrell was Ella Johnston, class of 1912, Albany Hospital.

Recently, at Albany, N. Y., a son, to Mr. and Mrs. Thomas Baker. Mrs. Baker was Alice Killough, class of 1912, Albany Hospital.

On November 18, at Fair Lawn, N. J., a son, Vernon Fairhurst, to Mr. and Mrs. George Peterson. Mrs. Peterson was S. Euterpe Fairhurst, class of 1906, Post-graduate Hospital, N. Y.

#### MARRIAGES

On December 15, at West Chester, Pa., Gertrude Elizabeth Rauf, class of 1909, Chester County Hospital, West Chester, to Willard Lewis Ronk. Mr. and Mrs. Ronk will live in West Chester.

On September 17, Selma Bachman, class of 1912, Halstead Hospital, Halstead, Kan., to C. G. Goering. Mr. and Mrs. Goering will live in Moundridge, Kan.

On December 28, at New Westminster, N. B., Charlotte P. Wright, class of 1904, Farrand Training School, Harper Hospital, Detroit, Mich., to R. Bryce Brown. Mrs. Brown has been in charge of the school nursing in New Westminster for four years, having started the work there. She is president of the Canadian National Association of Graduate Nurses, of the Graduate Nurses' Association of British Columbia, and vice-president of the International Association.

On December 29, at Kingsclear, N. B., Miriam B. McIntosh, New England Hospital for Women and Children, to Capt. George Alexander Murray. Captain and Mrs. Murray will live in Fredericton, N. B. Mrs. Murray was a Spanish-American War nurse, and most successful in private work in Boston and vicinity.

In December, Carrie Fralick, class of 1911, Albany Hospital, Albany, N. Y., to James McClure. Mr. and Mrs. McClure will live in Albany.

On November 26, at Tompkinsville, Staten Island, Marie Silk, class of 1915, S. R. Smith Infirmary, to J. Johnson, M.D. Dr. and Mrs. Johnson will live in Portland, Me.

On November 25, at West Palm Beach, Fla., Louise M. Waldstrom, class of 1906, Kings County Hospital, Brooklyn, to Harold B. Heath.

On November 26, at Kansas City, Elizabeth Herrold, class of 1915, Burlington Hospital, Iowa, to Harley Jones. Mr. and Mrs. Jones will live in Burlington.

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On January 1, Edith Miles, class of 1914, Presbyterian Hospital, Chicago, to John Gardner, M.D.

On December 25, Eva Jones, class of 1911, Presbyterian Hospital, Chicago, to Wilbur Hullinger.

On January 4, Clara Gaily, class of 1915, Presbyterian Hospital, Chicago, to Rev. Myndett Van Patten.

On September 16, at Granville, N. Y., Anna Jones, class of 1913, Albany Hospital, Albany, N. Y., to Harry Howard, M.D. Dr. and Mrs. Howard will live in Albany.

On September 16, at Fortsville, N. Y., Ethel Lucy Howe, class of 1913, Albany Hospital, to Harry English. Mr. and Mrs. English will live in Schenectady, N. Y.

#### DEATHS

On December 31, in Gloversville, N. Y., after an illness of two months, Mrs. Frank Calder. Mrs. Calder was Edna Seaver class of 1911, Albany Hospital, Albany, N. Y.

On January 2, Louise Hensyl, class of 1905, S. R. Smith Infirmary, Staten Island, N. Y. Miss Hensyl was an efficient nurse and will be greatly missed by all who knew her.

On November 24, at her home in Canada, Ida Wilson, class of 1898, Methodist Episcopal Hospital, Brooklyn, N. Y.

On December 13, in the Frankford Hospital, Frankford, Pa., Mrs. William Howe. Mrs. Howe was Frances B. Leggett, class of 1897, Chester County Hospital, West Chester, Pa.

On November 19, at Barry, Ill., Helen Sykes, class of 1908, Stewart Hospital, Hutchinson, Kan. This is the first death in the Stewart Hospital Alumnae Association.

On December 16, Ella T. Seaman, class of 1905, German Hospital, Brooklyn, N. Y. Miss Seaman was a private duty nurse. She had been ill for over a year. Her associates hoped she was gaining in strength when suddenly they learned of her death.

On December 10, at Richmond, Me., Mrs. Charles A. Donnell. Mrs. Donnell was Alewa Macgregor, Beverly Hospital, Beverly, Mass., and had been married but eight days.

On January 7, at St. Joseph's Hospital, Ottuma, Iowa, Dorothea Fourchner, class of 1911, Burlington Hospital, Burlington, Iowa. Miss Fourchner was beloved for her cheerful disposition, and will be greatly missed by her many friends. She was brave in life, and met death with courage.

On December 14, at the Walter Reid General Hospital, Washington, D. C., Emma M. Rousseau, class of 1910, Rhode Island College Hospital, Providence. Services were held in St. Patrick's Church, Providence, and burial was in St. Ann's Cemetery. Miss Rousseau entered the Army Service a year ago last fall, and her death was from tuberculosis.

On December 16, in New York City, of pneumonia, Eliza H. McLean, class of 1891, Massachusetts General Hospital, Boston. Miss McLean did private nursing in Boston for twelve years and was one of the charter members of The Boston Nurses' Club. For several years she was superintendent of the Wright Memorial Hospital, Fergus Falls, Minn., and at one time she was registrar of the Central Directory, Baltimore, Md. For the past two years she has been an office nurse, in New York City. Burial was at her home in Kentville, Nova Scotia.

On December 26, very suddenly, Bessie Waite, class of 1908, Petersburgh Hospital, Petersburgh, Va. Her friends feel that by Miss Waite's death a personality has been lost whose value cannot at once be estimated. She was strong and self-controlled and those to whom she ministered felt the influence of her staunch uprightness. There were few who were thrown with her who were not benefited by her absolute truth. She stood for strength. People turned to her in fear; hung on her in weakness; called on her for help; depended on her in everything. Direct, earnest, with clear vision, she saw her duty plainly and performed it well. As she touched the lives of others, she felt comfort and refreshment. Before her, always, was a straight and narrow way, and she walked in it.

Further details of the life of Katherine B. Holden, whose death was recorded in the January JOURNAL, have been received. Miss Holden graduated from the training school attached to the Charity Hospital in 1881 and immediately after graduation was transferred to Riverside Hospital, Blackwell's Island. This hospital was transferred to North Brother Island in 1885, and Miss Holden was then made matron and supervising nurse. In 1893, she was transferred to the Reception Hospital at the foot of East 16th Street. During her years of service Miss Holden went through two epidemics of smallpox and three of typhus, doing heroic work at times when it was almost impossible to obtain assistance in the care of patients. She would work all day and get up at intervals through the night to minister to the patients. She had probably had more intimate personal contact with the major contagious diseases than any other nurse in the world. She was little known to the members of her profession but the number of those to whom she gave aid was legion, including many sailors and travelers from foreign lands. Five years ago Miss Holden developed the disease she most dreaded—tuberculosis. She was retired on a pension, and was given the use of a cottage on North Brother Island, where she was cared for until her death by those who loved and revered her.

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

**THE LIFE OF CLARA BARTON.** By Percy H. Epler. The Macmillan Company, New York. Price, \$2.00.

"Clara Barton's life touches the life of her nation at so many vital points that its record can hardly be less than a chapter in our national and international history," so says her cousin, Wm. E. Barton, in an introduction to Mr. Epler's biography, but we are thankful that the author was not satisfied with this side of her life and that he has placed before us pages that show us the early influences and the austere environment which produced this most notable lady. Of the aristocracy, her parents, neither rich nor poor, gave her an inheritance of high principles and of sensitive conscience. They sought to cultivate in her the spirit of rectitude, rather than a beauty of face and form. They urged upon her the responsibilities of life at a very early age. At eleven years, we find her taking charge of an invalid brother, whose bedside she left for one single afternoon in two years. We read of her being denied the pleasure of learning to dance; and the list of advanced studies which she was expected to master, at an age when other little girls were playing with dolls, is startling. At fifteen she started out to teach and kept at this exacting work for seventeen years. On such a régime she built the physical frame that endured till more than ninety years of age, preserving to the end an upright figure and, to some degree, a youthful appearance.

When teaching was prohibited because of failing health and loss of voice, she took up work in a public office in a government department at Washington. She relates with pardonable pride: "I was placed equal with male clerks at \$1400 per year." This appointment however brought criticism and denunciation on the part of those who regarded it as a dangerous precedent. The fear which, later in life, she confessed to have dominated her early years, never made her a coward; but because she conquered fear, it made her the possessor of stupendous courage. So we find her surrounded by jealousy, suspicion and hatred, the male clerks endeavoring to establish a superior record for themselves by insulting remarks, whistles, catcalls, smoking in her face, spitting before her on the floor, by detraction and slander. Miss Barton, however, held her own and advanced in position and salary, good schooling for the future that was drawing towards her.

The outbreak of the war found her in the Department, but soon her desire to serve her country drew her to attempt the unheard-of, attend the wounded on the field. Proprieties were shocked and it took a long struggle to gain her end. She made her debut at Cedar Mountain, late in August, 1862. Upon her sensitive brain the suffering of the wounded seems to have been indelibly stamped, in characters which were never obliterated to the day of her death.

When the last gun was fired at the end of the Civil War, she continued to pursue a line of her work which was as distressing and nerve-racking as her field labors, the search for missing men. Ordered abroad at the end of this task, she was given opportunity for studying the Red Cross organization and, while still in Europe, the Franco Prussian War broke out and she was able to see this organization at work. Once more she was "constrained to heed the compelling cry of humanity" and was again on a battlefield. In the midst of her field work she conceived the idea of introducing the Red Cross Organization in America. She saw the consummation of her ideas in 1881; the Red Cross was organized, herself its president. Although it was not her wish to hold office, she did so because of the insistence of President Garfield. Space forbids us to follow her career through national disaster, the Spanish American War and the adventures of her later life. We come to a place where it is hard not to side with Miss Barton against a reincorporated and reorganized Red Cross Association. This new association has justified itself; it needs no defenders; but one can realize that Miss Barton should feel much as an orphan who is persuaded to accept the protection of the honorable board of directors of the orphanage in the place of parental love and care. She was obliged to tender her resignation and allow the work of expansion and reorganization to proceed, to meekly accept the fact that the work had come to a place where others must take it over and work their will upon it. It was hard to feel that her day was over, that new times were come and, with them, new methods. It is characteristic of Miss Barton's life that she should conquer and even this great act of renunciation was made. She found peace and happiness, with friends to share her home life to the end.

**CONSUMPTION: WHAT IT IS AND WHAT TO DO ABOUT IT.** By John B. Hawes, 2d, M.D. Instructor in Medicine, Harvard Medical School, Director Tuberculosis Clinic, Assistant Visiting Physician Massachusetts General Hospital, Secretary Massachusetts Tuberculosis Commission. Boston: Small, Maynard and Company.

Although the public has not been left wanting books on the treatment, care and prevention of tuberculosis, there is still much of which

many people are ignorant. Anyone who has had experience in a clinic for tubercular disease can testify to the ignorance that continues in spite of the efforts of late years to make public the knowledge necessary to care for the tubercular and to safeguard those who come in contact with him. The present volume is well fitted to be placed alongside its predecessors which aim to aid in the fight against tuberculosis. It is written in plain English and matters are discussed from a practical point of view. The cost of home treatment is carefully considered, and estimates and lists of outfit for sanatorium care are furnished.

Employment for the tuberculosis patient, the use and abuse of drugs in treatment and the importance of correct diet, are well reviewed. The book is concluded by a chapter from the pen of Dr. Charles L. Minor, entitled *Hints and Helps for Tuberculosis Patients*, which briefly epitomizes all that has gone before.

**TEXT BOOK OF MATERIA MEDICA FOR NURSES.** Compiled by Lavinia L. Dock, R.N., Graduate of the Bellevue Training School for Nurses. Fifth edition, revised and enlarged. G. P. Putnam's Sons. New York and London. The Knickerbocker Press. Price \$1.50.

The fifth edition of our old friend, Dock's *Materia Medica*, is considerably enlarged and Miss Dock has conscientiously brought it up to date according to the changes in the last edition of the United States *Pharmacopeia*.

**A COMPEND OF OBSTETRICS.** Especially adapted to the use of medical students and physicians. By Henry G. Landis, A.M., M.D., Late Professor of Obstetrics and Diseases of Women in Starling Medical College. Revised and edited by William H. Wells, M.D., Assistant Professor of Obstetrics in the Jefferson Medical College, Philadelphia; Assistant Obstetrician in the Maternity Department of the Jefferson Medical College Hospital; Formerly Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; Fellow of the College of Physicians; Member of the Obstetrical Society, etc. Ninth Edition. Illustrated. P. Blakiston's Son and Company, 1012 Walnut St., Philadelphia. Price, \$1.00.

There is something new to be said of the Quiz. It remains as ever the friend and assistant of those who are facing the ordeal of examinations. Revised by Dr. W. H. Wells, it is in line with the latest authority on the subject.

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